

PERSONAL PROTECTIVE EQUIPMENT (PPE) INSPECTION

Workplace Name/Location:

Date:

Inspector's Name:

INSTRUCTIONS:

This checklist is designed to ensure compliance with OSHA's Personal Protective Equipment Standard (29 CFR 1910.132) to protect workers from workplace hazards. Carefully review each item and mark the corresponding checkbox to indicate compliance or note any observations and areas for improvement. Use the «Notes/Observations» section to provide additional details, corrective actions, and any required follow-up.

HAZARD ASSESSMENT

Hazards Identified: Review workplace hazards that require the use of PPE. Yes No N/A

PPE Selection: Check if appropriate PPE is selected based on the identified hazards. Yes No N/A

PPE Availability: Ensure that the necessary PPE is readily available for employees. Yes No N/A

Observations / Notes /
Corrective actions, if any:

PPE SELECTION AND USE

PPE Use Training: Verify that employees are trained on the proper use of PPE. Yes No N/A

Suitable PPE: Ensure that the selected PPE is suitable for the specific hazard. Yes No N/A

Compatibility: Check that PPE components are compatible when used together. Yes No N/A

Observations / Notes /
Corrective actions, if any:

HEAD PROTECTION

Hard Hats: Inspect hard hats for signs of damage and proper fit. Yes No N/A

Hard Hat Labels: Verify that hard hats have appropriate ANSI/ISEA Z89.1 labels. Yes No N/A

Bump Caps: Check if bump caps are provided where hard hats are not required but head protection is needed. Yes No N/A

Observations / Notes /
Corrective actions, if any:

OPERATING CONDITIONS

Safety Glasses/Goggles: Inspect safety glasses/goggles for damage and proper fit. Yes No N/A

Face Shields: Check face shields for signs of damage and proper use. Yes No N/A

Welding Protection: Ensure that welding shields and goggles are provided for welding activities. Yes No N/A

Observations / Notes /
Corrective actions, if any:

FORKLIFT SPEED AND BRAKING

Noise Exposure Assessment: Review the workplace for noise hazards that require hearing protection. Yes No N/A

Hearing Protectors: Check if appropriate hearing protectors are provided and used correctly. Yes No N/A

Training: Verify that employees are trained on the proper use and care of hearing protection. Yes No N/A

Observations / Notes /
Corrective actions, if any:

HAND AND ARM PROTECTION

Glove Selection: Ensure that appropriate gloves are provided for specific tasks and hazards. Yes No N/A

Glove Condition: Inspect gloves for signs of wear or damage. Yes No N/A

Cut-Resistant Gloves: Check if cut-resistant gloves are used where needed. Yes No N/A

Observations / Notes /
Corrective actions, if any:

FOOT AND LEG PROTECTION

Footwear Selection: Verify that appropriate footwear is provided for foot protection. Yes No N/A

Safety Toe: Ensure that safety-toe shoes are used where required. Yes No N/A

Slip-Resistant: Check if slip-resistant footwear is provided for slippery surfaces. Yes No N/A

Observations / Notes /
Corrective actions, if any:

RESPIRATORY PROTECTION

| | | | |
|---|-----|----|-----|
| Respirator Selection: Inspect respirators to ensure they are suitable for the specific hazards. | Yes | No | N/A |
| Fit Testing: Check if employees are fit-tested for tight-fitting respirators. | Yes | No | N/A |
| Medical Evaluation: Ensure that employees undergo a medical evaluation before respirator use. | Yes | No | N/A |

Observations / Notes /
Corrective actions, if any:

ADDITIONAL NOTES/OBSERVATIONS

[Insert any additional notes or PPE checklist observations made during the inspection]

STATEMENT OF INSPECTION

I hereby certify that I have conducted the above Personal Protective Equipment (PPE) checklist inspection and that the workplace is in compliance with Personal Protective Equipment Standard. Any identified issues have been documented, and necessary corrective actions have been recommended.

Inspector's Name:

Signature:

Date:

APPROVED BY

Name:

Signature:

Date: