

PERSONAL PROTECTIVE EQUIPMENT (PPE) CHECKLIST

FACILITY INFORMATION

Checklist Date: _____

Date for Review: _____

Facility Name: _____

Inspector: _____

Position: _____

Department Area: _____

Month: _____

Month/Year: _____

IMPORTANT NOTE: PPE is personal and considerations must account for each individual worker who has to wear such equipment, including:

- Body size for clothing
- Sight impairment for safety glasses
- Facial hair for breathing apparatus

SECTION 1: SELECTION OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

#	Description	YES	NO	N/A
1	Has a risk assessment been conducted to identify the necessary PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	What further control measures have been put in place for the identified hazard (hierarchy of control)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Have workers or employees been consulted before choosing personal protective equipment (PPE) for certain tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Is the PPE comfortable to wear and does it fit correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Do workers and employees receive training on PPE practices including fitting, using, and maintaining PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Do workers or employees wear personal protective equipment (PPE) in compliance with the guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Is the personal protective equipment (PPE) kept in a hygienic environment free from pollutants and potential damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Is a PPE maintenance program in place and recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Have the employees' physical attributes or medical issues been taken into account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: SUPERVISION

#	Description	YES	NO	N/A
10	Have supervisors received the necessary instruction and materials to help them choose, fit, use, clean, and maintain personal protective equipment (PPE)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Do workers and employees know that failure to follow PPE protocols will result in disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Has a senior management been given oversight and enforcement authority over the organization's PPE policy and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Are supervisors given the right kind of assistance and disciplinary authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: POTENTIAL HAZARDS REQUIRING PPE

#	Description	YES	NO	N/A
14	Are protective goggles, gloves, aprons, or shields worn when there is a risk of wounds, exposure to corrosives, chemicals, or infectious materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Where there is a chance of falling objects, are hard hats available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Where there is a chance of foot injury from hot or caustic materials, crushing, or penetrating items, is footwear provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	When flying objects, sparks & filaments are a possibility, are safety glasses and goggles available to protect the eyes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Are areas where dust, gasses, and chemicals are present equipped with respiratory protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Is there additional PPE available for hot work, work near moving parts, vibration and traffic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List additional hazards and PPE identified:

SECTION 4: SIGNAGE

#	Description	YES	NO	N/A
20	Wherever PPE is required, are signs placed in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Does the signage follow the required format?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Is PPE supplied and stamped in compliance with the applicable Standards and regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: EMPLOYEE TRAINING AND AWARENESS

#	Description	YES	NO	N/A
1	Every employee receives training on how to wear PPE correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Every employee has their training records kept up to date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Workers are aware of the particular PPE needed for the tasks they perform on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	PPE selection, fitting & maintenance are covered in training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Action required, if any:

SECTION 6: PPE AVAILABILITY

#	Description	YES	NO	N/A
1	For any job requirement, there is suitable and sufficient PPE accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	All employees can be accommodated by the variety of sizes and alternatives available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Action required, if any:

SECTION 7: WEEKLY PPE INSPECTION (Complete Once Per Week)

FOOTWEAR INSPECTION (2 points per week)

Inspection Item	Week 1 Pass/Fail	Week 2 Pass/Fail	Week 3 Pass/Fail	Week 4 Pass/Fail	Week 5 Pass/Fail
Date:	_____	_____	_____	_____	_____
Evaluation of fit	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Rips, tears, and cuts	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Closure system damage	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Damage or deformed steel toe	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Seam integrity and condition of liner	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Heel and excessive tread wear	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Condition of lining	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

GLOVES INSPECTION

Inspection Item	Week 1 Pass/Fail	Week 2 Pass/Fail	Week 3 Pass/Fail	Week 4 Pass/Fail	Week 5 Pass/Fail
Evaluation of fit	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Soiling	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Contamination from hazardous material	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Rips, tears, cuts or thermal damage	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Inverted liner	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Inspection Item	Week 1 Pass/Fail	Week 2 Pass/Fail	Week 3 Pass/Fail	Week 4 Pass/Fail	Week 5 Pass/Fail
Shrinkage	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Loss of elasticity and flexibility	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

SAFETY GLASSES INSPECTION

Inspection Item	Week 1 Pass/Fail	Week 2 Pass/Fail	Week 3 Pass/Fail	Week 4 Pass/Fail	Week 5 Pass/Fail
Cleaning (dirty, dusty or broken)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Handling and storage	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Scratches	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

EAR PLUGS INSPECTION

Inspection Item	Week 1 Pass/Fail	Week 2 Pass/Fail	Week 3 Pass/Fail	Week 4 Pass/Fail	Week 5 Pass/Fail
Cleaning (dirty, dusty or broken)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Handling and storage	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

DUST MASK INSPECTION

Inspection Item	Week 1 Pass/Fail	Week 2 Pass/Fail	Week 3 Pass/Fail	Week 4 Pass/Fail	Week 5 Pass/Fail
Cleaning (dirty, dusty or broken)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Handling and storage	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Safety Team Member (Total):

SECTION 8: HEAD PROTECTION

#	Description	YES	NO	N/A
1	Employees with long hair secure it properly under the hard hat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Action required, if any:

SECTION 9: EYE AND FACE PROTECTION

#	Description	YES	NO	N/A
1	Safety glasses or goggles are worn when there is a risk of eye injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Prescription safety glasses are provided as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Action required, if any:

SECTION 10: HEARING PROTECTION

#	Description	YES	NO	N/A
1	Earplugs or earmuffs are used in noisy work environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Hearing protection is correctly fitted and worn at all times in designated areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Action required, if any:

SECTION 11: HAND AND ARM PROTECTION

#	Description	YES	NO	N/A
1	Gloves are worn when handling hazardous materials or sharp objects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Employees are aware of the limitations of their gloves and potential risks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Action required, if any:

SECTION 12: FOOT PROTECTION

#	Description	YES	NO	N/A
1	Safety shoes or boots are worn in areas with foot hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	The footwear meets relevant safety standards and is appropriate for the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Employees with foot injuries or open wounds properly cover them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Footwear is inspected regularly for wear and tear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Action required, if any:

SECTION 13: RESPIRATORY PROTECTION

#	Description	YES	NO	N/A
1	Respirators are provided for tasks that require respiratory protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Employees are fit-tested for their respirators and trained on their use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Respirators are regularly inspected, cleaned, and replaced as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A written respiratory protection program is in place and followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Action required, if any:

SECTION 14: HIGH VISIBILITY CLOTHING

#	Description	YES	NO	N/A
1	High-visibility vests or clothing are worn in areas with moving equipment or vehicles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Action required, if any:

SECTION 15: FALL PROTECTION

#	Description	YES	NO	N/A
1	Fall protection equipment is provided for tasks at height.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Action required, if any:
