

# Personal Protective Equipment (PPE) Compliance Checklist

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## General PPE Requirements

Ensures basic PPE availability and employee awareness.

### Number of employees required to wear PPE

Enter a number...

### PPE Policy Availability

- Policy Exists and is Current
- Policy Exists but is Outdated
- Policy Does Not Exist



### **PPE Provided?**

- Hard Hats
- Safety Glasses
- Gloves
- Hearing Protection
- Respirators
- Protective Clothing
- Safety Shoes/Boots

### **Briefly describe the process for employees to request PPE**

Write something...

### **Date of last general PPE awareness training for all employees**

Enter date...

### **PPE Storage Adequacy**

- Adequate and Accessible
- Adequate but Not Easily Accessible
- Insufficient Storage

# Eye and Face Protection

Verifies appropriate eye and face protection is used in relevant areas.

**Are safety glasses/goggles required in this area?**

- Yes
- No
- Not Applicable

**Are face shields required in addition to safety glasses/goggles?**

- Yes
- No
- Not Applicable

**Are welding helmets with appropriate shade numbers provided and used?**

- Yes
- No
- Not Applicable

**Number of safety glasses available in designated areas**

Enter a number...

### What types of eye hazards are present in this area?

- Flying Debris
- Chemical Splashes
- Radiation
- Welding Arc
- Dust/Particles
- None

### Date of last eye protection hazard assessment

Enter date...

### Comments/Observations regarding eye and face protection compliance

Write something...

## Head Protection

Covers the use of hard hats and other head protection where required.

### Are hard hats required in this area?

- Yes
- No

### Hard Hat Condition Rating (per manufacturer's guidelines)

- New
- Good
- Fair
- Damaged - Replace Immediately

### Describe any visible damage to hard hats (cracks, dents, scratches).

Write something...

### Last Hard Hat Inspection Date (MM/DD/YYYY)

Enter a number...

### Next Scheduled Hard Hat Inspection Date

Enter date...

**Which types of head protection are used in this area? (Select all that apply)**

- Hard Hat
- Bump Cap
- Face Shield
- Hood
- Other

**Upload image of damaged hard hat (if applicable)**

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## Hearing Protection

Addresses the use of hearing protection in high-noise areas.

**Is a Noise Risk Assessment Completed?**

- Yes
- No
- N/A

**Are employees required to wear hearing protection?**

- Yes
- No
- N/A

**What types of hearing protection are provided?**

- Earplugs (Disposable)
- Earplugs (Reusable)
- Earmuffs
- Custom-molded earplugs
- None

**Average Noise Level (dBA)**

Enter a number...

**Last Noise Measurement Date**

Enter date...

**Is Hearing Protection Training Provided?**

- Yes
- No

## Training Content Summary

Write something...

### Are hearing protection devices properly stored?

- Yes
- No
- N/A

## Hand Protection

Focuses on appropriate gloves for different tasks and hazards.

### What type of gloves are commonly used in this area?

- Nitrile
- Latex
- Leather
- Cut-Resistant
- Chemical Resistant
- Other (Specify in LONG\_TEXT)

**If 'Other' selected above, please specify glove type:**

Write something...

**How many pairs of gloves are readily available per workstation?**

Enter a number...

**Are gloves provided free of charge to employees?**

Yes

No

**What types of chemicals/materials require specific glove selection?**

Solvents

Acids

Oils

Sharp Objects

None

**Date of last glove inspection (of general availability)**

Enter date...

**Any specific glove usage instructions or warnings posted at workstations?**

Write something...

# Foot Protection

Checks for proper footwear to prevent foot injuries.

**Are required foot protection types (e.g., steel-toe, chemical resistant) readily available?**

- Yes
- No
- N/A

**Are employees required to wear appropriate footwear in designated areas?**

- Always
- Sometimes
- Never
- N/A

**Which types of foot protection are required in this area? (Select all that apply)**

- Steel-toe boots
- Chemical resistant boots
- Slip-resistant soles
- Electric hazard (EH) rated boots
- Conductive footwear
- Safety shoes
- None Required

**Number of employees observed wearing appropriate foot protection.**

Enter a number...

**Any observations or issues related to foot protection?**

Write something...

**Date of last foot protection inspection.**

Enter date...

**Are employees trained on proper foot protection selection and care?**

Yes

No

Training Not Required

## Respiratory Protection

Covers respirator selection, fit testing, and training.

**Is a Respiratory Protection Program in place?**

Yes

No

N/A

### **Respirator Type(s) Used?**

- N95 Filtering Facepiece Respirators
- Half-Mask Respirators
- Full-Facepiece Respirators
- Powered Air-Purifying Respirators (PAPRs)
- Supplied-Air Respirators

### **Last Respiratory Fit Test Date**

Enter date...

### **Number of Employees Requiring Respirators**

Enter a number...


### **Summary of Respirator Training Records**

Write something...

### **Cartridge/Filter Replacement Schedule Followed?**

- Yes
- No
- N/A

## Cartridge/Filter Replacement Log

 Upload File

## Description of Medical Evaluations for Respirator Users

Write something...

# Protective Clothing

Addresses the use of coveralls, aprons, and other protective garments.

## Type of Protective Clothing Required (e.g., Coveralls, Aprons, Sleeves)

- Coveralls
- Aprons
- Sleeves
- Lab Coats
- Full Body Suits
- Other (Specify)

### Materials of Protective Clothing Used (Check all that apply)

- Cotton
- Nylon
- Polyester
- Tyvek
- Flame-Resistant (FR)
- Chemical Resistant

### Number of Protective Garments per Employee (where applicable)

Enter a number...

### Date of Last Protective Clothing Inspection

Enter date...

### Notes on Condition of Protective Clothing (e.g., tears, stains, damage)

Write something...

### Are replacement garments available?

- Yes
- No
- Unsure

### Upload Image of Example Protective Clothing (if available)

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# Hazard Assessments & PPE Selection

Confirms hazard assessments are conducted and appropriate PPE is selected.

**Are hazard assessments conducted for all identified manufacturing tasks?**

- Yes
- No
- Not Applicable

**Are hazard assessments reviewed and updated at least annually, or when processes change?**

- Yes
- No
- Not Applicable

**Briefly describe the process for identifying potential hazards in the workplace.**

Write something...

**Upload a sample hazard assessment document.**

 Upload File

**Which hazard assessment methodologies are used (select all that apply)?**

- Job Safety Analysis (JSA)
- Failure Mode and Effects Analysis (FMEA)
- What-If Analysis
- Checklists
- Other (specify in Long Text)

**Number of employees involved in conducting hazard assessments.**

Enter a number...

**If 'Other' was selected for assessment methodologies, please specify.**

Write something...

**Are employees actively involved in the hazard assessment process?**

- Yes
- No
- Partially

# Training & Education

Evaluates the effectiveness of PPE training programs.

## Last PPE Training Date

Enter date...

## Number of Employees Trained

Enter a number...

## Topics Covered in PPE Training (Check all that apply)

- Hazard Identification
- PPE Selection
- Proper Donning & Doffing
- Inspection & Maintenance
- Limitations of PPE
- Emergency Procedures

## Summary of Training Content

Write something...

### Training Method Used (e.g., Classroom, Online, Hands-on)

- Classroom
- Online
- Hands-on
- Combination

### Trainer Qualifications/Credentials

- Certified Safety Professional (CSP)
- Experienced Supervisor
- External Training Provider
- Other

### Upload Training Records/Certificates (Optional)

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## Inspection & Maintenance

Checks the procedures for inspecting and maintaining PPE.

### Last PPE Inspection Date

Enter date...

**Frequency of PPE Inspection (e.g., daily, weekly, monthly)**

Enter a number...

**Describe the process for inspecting PPE (e.g., visual checks, functionality tests)**

Write something...

**Which PPE items are regularly inspected?**

- Hard Hats
- Safety Glasses/Goggles
- Hearing Protection
- Gloves
- Respirators
- Safety Boots
- Protective Clothing

**Record any defects or damage found during inspections and corrective actions taken.**

Write something...

**Number of PPE items currently in use.**

Enter a number...

**Who is responsible for PPE maintenance?**

- Designated Employee
- Safety Officer
- Maintenance Department
- Other (Specify)

**Details of PPE replacement procedures. When and how is damaged PPE replaced?**

Write something...