



# 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

### 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- ☐ Policy Exists but is Outdated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

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### 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

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**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

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### 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

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**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...

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### 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

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**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...

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# 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...

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### 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)

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### 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

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### Description of Medical Evaluations for Respirator Users

Write something...

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### 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...

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### 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...

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**Upload a sample hazard assessment document.**

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**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

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### 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

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### 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...

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### 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...

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