



Personal Protective Equipment (PPE) Usage Checklist

Eye and Face Protection

Ensuring adequate protection from splashes, dust, flying debris, and sunlight.

Type of Eye/Face Protection Required?

- ☐ Safety Glasses
- ☐ Goggles
- ☐ Face Shield
- ☐ Combination (e.g., Safety Glasses & Face Shield)
- ☐ Not Required

Is the Eye/Face Protection ANSI Z87.1 Approved?

- ☐ Yes
- ☐ No
- ☐ N/A - No markings found

Describe any damage or defects observed on eye/face protection (scratches, cracks, fogging, etc.)

Write something...

Condition of Lens Clarity (1-10, 10=Perfect)

Enter a number...

Fit Check Performed?

☐ Yes

☐ No

☐ N/A

Notes/Comments Regarding Eye/Face Protection.

Write something...

Head Protection

Protecting against falling objects, impacts, and sun exposure.

Type of Head Protection Used?

☐ Hard Hat (Class G)

☐ Hard Hat (Class E)

☐ Hard Hat (Class C)

☐ Baseball Cap

☐ Other (Specify)

If 'Other' selected above, please specify:

Write something...

Hard Hat Age (in years)

Enter a number...

Is the Hard Hat Damaged?

☐ Yes

☐ No

Describe any damage to the hard hat (if 'Yes' to above)

Write something...

Is the Hard Hat Clean?

☐ Yes

☐ No

Attach Photo of Hard Hat (if damaged or questionable)

 Upload File

Date of Last Hard Hat Inspection

Enter date...

Hand Protection

Preventing skin contact with chemicals, pesticides, and abrasive materials.

Type of Gloves Used

- ☐ Nitrile
- ☐ Latex
- ☐ Vinyl
- ☐ Neoprene
- ☐ Cotton
- ☐ Other (Specify)

If 'Other' glove type selected, please specify:

Write something...

Glove Thickness (mils)

Enter a number...

Glove Chemical Resistance Rating (if applicable)

- ☐ Not Applicable
- ☐ Chemical A
- ☐ Chemical B
- ☐ Chemical C
- ☐ Other (Specify)

If 'Other' chemical resistance rating selected, please specify:

Write something...

Potential Hazards Hand Protection Required For:

- ☐ Chemicals
- ☐ Pesticides
- ☐ Sharp Objects
- ☐ Abrasion
- ☐ Sharp edges
- ☐ Insects/Bites

Glove Condition After Use

- ☐ Good
- ☐ Slightly Damaged
- ☐ Damaged
- ☐ Ripped/Punctured

Employee Name

Write something...

Body Protection

Shielding the body from chemical exposure, insects, and physical hazards.

What type of body protection is required for the task?

- ☐ Coveralls (Short Sleeved)
- ☐ Coveralls (Long Sleeved)
- ☐ Apron
- ☐ Lab Coat
- ☐ Chemical Resistant Suit
- ☐ None Required

Fabric Weight (oz/sq yd) - if applicable (e.g., for coveralls)

Enter a number...

Material of Body Protection (e.g. Cotton, Polyester, Tyvek)

- ☐ Cotton
- ☐ Polyester
- ☐ Tyvek
- ☐ Other (Specify in Long Text)

If 'Other' selected for Material, please specify:

Write something...


Is the body protection chemical resistant?

- ☐ Yes
- ☐ No
- ☐ Unsure

If yes, specify which chemicals the protection is rated for:

Write something...

Upload Photo of Body Protection (for record-keeping)

 Upload File

Condition of body protection - before use

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Damaged - Needs Replacement

Foot Protection

Protecting feet from punctures, impacts, chemicals, and slipping hazards.

Footwear Type Selected:

- ☐ Steel-toe boots
- ☐ Chemical-resistant boots
- ☐ Rubber boots
- ☐ Work boots
- ☐ Safety shoes
- ☐ Other (specify)

If 'Other' selected above, please specify footwear type:

Write something...

Boot Condition - Soles:

- ☐ Good - No cracks or wear
- ☐ Fair - Minor cracks or wear
- ☐ Poor - Significant cracks or wear

Boot Condition - Upper:

- ☐ Good - No holes or tears
- ☐ Fair - Minor holes or tears
- ☐ Poor - Significant holes or tears

Sole Thickness (mm)**Slip Resistance Rating (if available)**

- ☐ SRC
- ☐ SRA
- ☐ SRB
- ☐ Not available
- ☐ Unknown

Last Inspection Date**Any repairs needed? If so, please describe.**

Respiratory Protection

Preventing inhalation of dust, fumes, gases, and vapors.

Respiratory Hazard Assessment Completed?

☐ Yes

☐ No

Type of Respirator Required (Based on Assessment)

☐ Dust Mask (N95)

☐ Half-Face Respirator

☐ Full-Face Respirator

☐ Powered Air-Purifying Respirator (PAPR)

☐ Supplied-Air Respirator

Respirator Fit Test Date (MM/DD/YYYY)

Enter a number...

Next Respirator Cartridge/Filter Change Date

Enter date...

Cartridge/Filter Type

Write something...

Respirator Properly Donned and Fit-Checked?

☐ Yes

☐ No

Notes on Respirator Usage/Condition

Write something...

Respirator Training Record

 Upload File

Hearing Protection

Reducing exposure to excessive noise levels.

Is a noise hazard assessment completed?

- ☐ Yes
- ☐ No
- ☐ N/A

What type of hearing protection is required?

- ☐ Earplugs
- ☐ Earmuffs
- ☐ Combination (Earplugs & Earmuffs)
- ☐ None Required

Noise Level (dBA) measured at work area:

Enter a number...

Are employees trained on proper fitting and use of hearing protection?

☐ Yes

☐ No

Describe any noise reduction procedures implemented:

Write something...

Is hearing protection readily available?

☐ Yes

☐ No

Insect/Vector Protection

Minimizing bites and stings from insects and other pests.

What type of insect/vector protection is required?

☐ None

☐ Long Sleeves/Pants

☐ Mosquito Netting/Head Net

☐ Permethrin-treated Clothing

☐ Repellent (DEET, Picaridin, etc.)

Which areas have high insect/vector activity?

- ☐ Field
- ☐ Orchard
- ☐ Greenhouse
- ☐ Storage Areas
- ☐ Water Sources

DEET Concentration (%) (if applicable)

Enter a number...

Specific areas/times of day where extra precautions are needed

Write something...

Date of last inspection/treatment of insect-repellent clothing

Enter date...

Is repellent being used?

- ☐ Yes
- ☐ No

Any reported insect/vector related incidents or concerns?

Write something...

PPE Inspection & Maintenance

Ensuring PPE is in good working order and properly cared for.

Last PPE Inspection Date

Enter date...

Notes on PPE Condition During Last Inspection

Write something...

Number of damaged or defective items found

Enter a number...

Type of Cleaning Agent Used (if applicable)

- ☐ Soapy Water
- ☐ Manufacturer Recommended Cleaner
- ☐ Other (Specify)

If 'Other' cleaning agent used, specify:

Write something...

Which PPE items were inspected?

- ☐ Gloves
- ☐ Eye Protection
- ☐ Foot Protection
- ☐ Respiratory Protection
- ☐ Hearing Protection
- ☐ Coveralls/Body Protection
- ☐ Head Protection

Upload photos of damaged PPE (if applicable)

 Upload File

Condition of straps and buckles (Head Protection)

- ☐ Good
- ☐ Fair
- ☐ Poor - requires repair/replacement

Training & Awareness

Confirming employees are properly trained on PPE selection, use, and limitations.

Have you received training on the hazards associated with agricultural chemicals?

- ☐ Yes
- ☐ No
- ☐ Not Sure

Were you trained on the correct PPE selection for your assigned tasks?

- ☐ Yes
- ☐ No
- ☐ Not Sure

Briefly describe the PPE training you received:

Write something...

Date of last PPE training:

Enter date...

Do you understand the limitations of your PPE?

- ☐ Yes
- ☐ No
- ☐ Not Sure

Which of the following PPE topics were covered in your training? (Select all that apply)

- ☐ Donning/Doffing Procedures
- ☐ Inspection Procedures
- ☐ Cleaning and Storage
- ☐ Limitations of PPE
- ☐ Emergency Procedures
- ☐ Disposal Procedures

Name of Trainer:

Write something...