

Personal Protective Equipment (PPE) Compliance Sheet

Date: _____ Location/Project: _____

No.	Employee Name	Department	PPE Required	PPE Provided	PPE Worn	Remarks
1.			<div><input type="checkbox"/> Helmet</div> <div><input type="checkbox"/> Safety Glasses</div> <div><input type="checkbox"/> Gloves</div> <div><input type="checkbox"/> Safety Shoes</div> <div><input type="checkbox"/> Hi-Vis Vest</div>			
2.			<div><input type="checkbox"/> Helmet</div> <div><input type="checkbox"/> Safety Glasses</div> <div><input type="checkbox"/> Gloves</div> <div><input type="checkbox"/> Safety Shoes</div> <div><input type="checkbox"/> Hi-Vis Vest</div>			
3.			<div><input type="checkbox"/> Helmet</div> <div><input type="checkbox"/> Safety Glasses</div> <div><input type="checkbox"/> Gloves</div> <div><input type="checkbox"/> Safety Shoes</div> <div><input type="checkbox"/> Hi-Vis Vest</div>			

Supervisor Name & Signature: _____

Date: _____