

Personal Protective Equipment (PPE) Compliance Sheet

Date: _____ Location/Project: _____

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

Supervisor Name & Signature: _____

Date: _____