

Personal Protective Equipment Checklist

Date

Inspector Name

Location/Department

Equipment Checklist

| Item | Condition (Yes/No) | Comments |
|---|--------------------|----------|
| Safety Glasses / Goggles | | |
| Face Shield | | |
| Hearing Protection (Earplugs/Earmuffs) | | |
| Respirator / Dust Mask | | |
| Gloves | | |
| Protective Clothing | | |
| Safety Shoes / Boots | | |
| Hard Hat / Helmet | | |
| High-Visibility Vest | | |
| Fall Protection Harness/Lanyard | | |
| Other (specify) | | |

Notes / Observations

Inspector Signature

Date