

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