

# PPE Compliance Assessment Sheet for Workers

Worker Name

Employee ID

Department / Location

Date

Assessor Name

## PPE Assessment Checklist

PPE Item	Required (Yes/No)	In Use (Yes/No)	Comments
Helmet / Hard Hat	<input type="text"/>	<input type="text"/>	<input type="text"/>
Safety Glasses / Goggles	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hearing Protection	<input type="text"/>	<input type="text"/>	<input type="text"/>
High-Visibility Vest / Clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gloves	<input type="text"/>	<input type="text"/>	<input type="text"/>
Respiratory Protection	<input type="text"/>	<input type="text"/>	<input type="text"/>
Safety Footwear	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Non-Compliance Details / Actions Required

Describe any observed non-compliance, and state corrective actions required...

Assessor Signature