

Personal Protective Equipment Compliance Log

Site/Location: Supervisor:

Date:

| # | Employee Name | Department/Role | PPE Required | PPE Provided | PPE Condition | Compliance Status | Remarks |
|---|---------------|-----------------|--------------|--------------|---------------|-------------------|---------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |