

Personal Protective Equipment (PPE) Checklist

Name:

Enter your name

Date:

Location/Department:

Enter location

No.	PPE Item	Required	Available	Condition (Good/Replace)	Notes
1	Hard Hat / Helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Comments/remarks
2	Safety Glasses / Goggles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Comments/remarks
3	Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Comments/remarks
4	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Comments/remarks
5	High Visibility Vest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Comments/remarks
6	Respirator / Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Comments/remarks
7	Protective Footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Comments/remarks
8	Protective Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Comments/remarks
9	Face Shield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Comments/remarks

Checked by / Signature

Supervisor / Signature