

PERSONAL PROTECTIVE EQUIPMENT (PPE) INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Head and Face Protection

- Yes No — Hard hats are free of cracks, dents, or signs of impact
- Yes No — Suspension systems inside helmets are intact and adjusted
- Yes No — Safety glasses and face shields are clear and unscratched
- Yes No — Straps and fasteners on headgear are functional and secure

Hand and Arm Protection

- Yes No — Gloves are appropriate for the specific chemical or task
- Yes No — No holes, tears, or excessive wear on protective gloves
- Yes No — Sleeves and arm guards provide full coverage as required
- Yes No — Liners are clean and free from contamination or odors

Respiratory and Hearing Protection

- Yes No — Respirator filters and cartridges are within expiration dates

- Yes No — Facepiece seals are pliable and free of cracks or gaps
- Yes No — Earplugs and earmuffs are clean and provide adequate seal
- Yes No — Storage containers for respirators are clean and airtight

Body and Foot Protection

- Yes No — High-visibility vests and clothing are clean and reflective
- Yes No — Safety boots have intact steel toes and slip-resistant soles
- Yes No — Protective coveralls are free of rips or chemical stains
- Yes No — Fall arrest harnesses show no fraying or hardware damage

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately