



Personal Protective Equipment (PPE) Checklist

Instructions:

The PPE Checklist is designed to assess the level of effectiveness of the PPE Program and opportunities for improvement. It can be used as frequently as needed. Take immediate action on any unsafe working conditions.

Work Area:	Check One		
	Y	N	N/A
Eyes and face			
1. Are there flying particles, dust, hazardous chemicals, extreme heat or light?			
2. Is proper PPE used (e.g. safety goggles, face shields, weld masks)?			
3. Does the PPE fit properly and is it in good condition?			
Ears/hearing			
4. Is there continuous exposure to elevated noises or sudden loud noises?			
5. Is proper PPE used (e.g. ear plugs, ear muffs)?			
Respiratory system			
6. Are there irritating dust particles or toxic fumes in the work area?			
7. Is there a respirator training program in place that includes fit testing?			
8. Is the proper PPE used (e.g. comfort masks, respirators, ventilated hoods)?			
9. Does the PPE fit properly and is it in good condition?			
Head			
10. Is work performed around beams, pipes, falling objects or electrical wires?			
11. Is machining performed, or equipment used with rotating parts?			
12. Is the proper PPE used (e.g. protective helmets, hairnets, bump-caps)?			
13. Does it fit properly and is it in good condition?			
Torso and back			
14. Is work performed at elevated heights where a person could be injured by a fall?			
15. Does the work require continuous lifting, twisting or bending?			
16. Is the proper PPE used (e.g. fall restraint harnesses, lanyards, back braces)?			
17. Does it fit properly and is it in good condition?			
Hands, arms, feet and legs			
18. Does the work include pinch-points, irritating chemicals or extreme hot/cold?			
19. Is there heavy lifting or slippery surfaces?			
20. Is the proper PPE used (e.g. sleeves, chaps, work gloves, steel-toed boots)?			
General			
22. Does all PPE meet industry codes for safety and reliability?			
23. Were employees aware of the need to wear PPE and properly trained?			

Toolbox Attendance

Questions? _____

Concerns? _____

Days since Last Incident: _____

Supervisor/Meeting Leader: _____ Date: _____

Signatures of attendees:

Manager review comments:

Manager signature: _____ Date of Review: _____