

Personal Protective Equipment (PPE) Audit Form

Audit Date

Auditor Name

Department / Area

Location

PPE Item	Required	Available	Condition	Comments
Safety Helmet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Safety Glasses / Goggles	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ear Protection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hand Protection (Gloves)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Respiratory Protection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protective Footwear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
High Visibility Clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Audit Findings / Observations

Corrective Actions / Recommendations

Auditor Signature

Date