

Construction PPE Compliance Verification Checklist

Project Name:
Date:
Location:

Inspector Name:
Company:
Time:

PPE Item	Compliant	Non-Compliant	Comments
Hard Hat			
Safety Glasses / Goggles			
High-Visibility Vest / Clothing			
Safety Footwear (Steel Toe Boots)			
Gloves			
Hearing Protection			
Respiratory Protection			
Fall Protection (Harness, Lanyard, etc.)			
Face Shield			

Additional Remarks:

Inspector Signature:

Date: _____
