

Construction Site PPE Daily Compliance Checklist

Site Name

Date

Inspector

PPE Item	Compliant	Remarks
Hard Hat	<input type="checkbox"/>	
High Visibility Vest	<input type="checkbox"/>	
Safety Glasses/Goggles	<input type="checkbox"/>	
Gloves	<input type="checkbox"/>	
Steel Toe Boots	<input type="checkbox"/>	
Hearing Protection	<input type="checkbox"/>	
Respiratory Protection	<input type="checkbox"/>	
Fall Protection	<input type="checkbox"/>	

Additional Comments

Signature