

# High-Risk Task PPE Assessment Checklist

Project/Location:

Date:

Assessor Name:

Task Description:

## PPE Assessment

| PPE Required           | Required? (Yes/No) | Condition (Good/Poor) | Comments |
|------------------------|--------------------|-----------------------|----------|
| Head Protection        |                    |                       |          |
| Eye/Face Protection    |                    |                       |          |
| Hearing Protection     |                    |                       |          |
| Hand Protection        |                    |                       |          |
| Body Protection        |                    |                       |          |
| Respiratory Protection |                    |                       |          |
| Foot Protection        |                    |                       |          |
| Fall Protection        |                    |                       |          |
| Other                  |                    |                       |          |

Summary of Findings/Actions Required:

Assessor Signature:

Date:

