

Specialized PPE Requirement Checklist (e.g. Confined Spaces)

Project / Task

Date

Location

Personnel Involved

Specialized PPE Required

Check	PPE Item	Required (Y/N)	Notes
<input type="checkbox"/>	Atmospheric Monitor/Detector	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Full Body Harness	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Retrieval Device	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Supplied Air Respirator	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Escape SCBA	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Communications Equipment	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Other	<input type="text"/>	<input type="text"/>

Additional Comments

Completed By

Supervisor Review