

# PPE Compliance Inspection Form

Project Name

Location

Date of Inspection

Inspector Name

## PPE Compliance Checklist

PPE Item	Compliant	Non-Compliant	N/A	Comments
Hard Hat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Safety Glasses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Hi-Vis Vest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Protective Footwear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Hearing Protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Respiratory Protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>

Overall Comments / Non-Compliance Details

Crew Foreman Signature