

PPE Compliance Observation Form

Date

Time

Location

Observer Name

Department/Area

Personnel Observed

PPE Required

PPE Worn (Check all that apply)

☐

Helmet/Hard Hat

☐

Safety Glasses

☐

Gloves

☐

High-Visibility Vest

☐

Respiratory Protection

☐

Safety Footwear

☐

Other

Was PPE Worn Correctly?

Comments/Observations

Suggested Actions/Corrections