

# Personal Protective Equipment (PPE) Usage Audit for Electrical Tasks

Date:

Time:

Auditor Name:

Location / Area:

Task Description:

PPE Item	Required	Worn Correctly	Comment
Insulated Gloves			
Safety Glasses / Face Shield			
Arc Flash Rated Clothing			
Insulated Footwear			
Hearing Protection			
Hard Hat			

Observations:

Corrective Actions: