

# Safety Equipment Compliance Checklist

Date:

Inspector Name:

Location/Area:

## Checklist

Item	Compliant	Comments
Hard Hats	<input type="checkbox"/>	<input type="text"/>
Safety Glasses	<input type="checkbox"/>	<input type="text"/>
High-Visibility Vests	<input type="checkbox"/>	<input type="text"/>
Ear Protection	<input type="checkbox"/>	<input type="text"/>
Gloves	<input type="checkbox"/>	<input type="text"/>
Fire Extinguishers	<input type="checkbox"/>	<input type="text"/>
First Aid Kits	<input type="checkbox"/>	<input type="text"/>
Eye Wash Stations	<input type="checkbox"/>	<input type="text"/>
Respirators	<input type="checkbox"/>	<input type="text"/>
Protective Footwear	<input type="checkbox"/>	<input type="text"/>

## Additional Notes