

PPE Inspection Checklist

Inspection Details

Date	<input type="text"/>	Inspector Name	<input type="text"/>
Location	<input type="text"/>	Department	<input type="text"/>

PPE Items Checklist

PPE Item	Condition OK?	Comments
Hard Hat / Helmet	<input type="checkbox"/>	<input type="text"/>
Safety Glasses / Goggles	<input type="checkbox"/>	<input type="text"/>
Hearing Protection	<input type="checkbox"/>	<input type="text"/>
Face Shield	<input type="checkbox"/>	<input type="text"/>
Gloves	<input type="checkbox"/>	<input type="text"/>
High Visibility Vest/Clothing	<input type="checkbox"/>	<input type="text"/>
Protective Footwear	<input type="checkbox"/>	<input type="text"/>
Respirator / Masks	<input type="checkbox"/>	<input type="text"/>
Fall Protection Equipment	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>

Additional Notes