

Personal Protective Equipment (PPE) Audit Form

Audit Details

Date

Time

Location

Auditor Name

Department/Area

PPE Audit Checklist

PPE Item	Required?	Available?	Condition	Comments
Hard Hat	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Safety Glasses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gloves	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
High Visibility Vest	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hearing Protection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Respirator/Mask	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Observations

General Comments/Observations

Corrective Actions (if any)

Details

Responsible Person

Deadline