

Personal Protective Equipment (PPE) Inspection Checklist

Inspector Name

Date

Location / Department

PPE Items

PPE Item	Good Condition	Needs Replacement	Comments
Hard Hat / Helmet	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Safety Glasses / Goggles	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Respirator / Masks	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Protective Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Protective Footwear	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
High-Visibility Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Protective Clothing (Coveralls, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Fall Protection Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Additional Comments