**Daily PPE Inspection Checklist**
*For use by on-site inspectors to verify worker compliance with PPE requirements.*

**Worker Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Inspector Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **1. Hard Hats**☐ No visible cracks, dents, or damage.☐ Worn properly (bill forward, snug fit).☐ Chin strap used (if required).**2. Safety Glasses/Goggles**☐ Free from scratches, cracks, or damage.☐ Worn in designated areas (e.g., cutting, grinding).☐ Properly fitted (no slipping, covers eyes fully).**3. Gloves**☐ Appropriate type for the task (e.g., cut-resistant, chemical-resistant).☐ No tears, holes, or excessive wear.☐ Properly sized for comfort and safety.**4. High-Visibility Vests**☐ Clean and reflective strips intact.☐ Worn at all times on-site.☐ Proper fit (not too loose or tight).**5. Steel-Toe Boots**☐ Proper fit and in good condition (no cracks or holes).☐ Non-slip soles intact.☐ Laces or straps secured to prevent tripping. | **6. Hearing Protection**☐ Earplugs or earmuffs available.☐ Worn in high-noise areas (e.g., machinery, power tools).☐ Properly fitted (earplugs inserted correctly, earmuffs snug).**7. Respirators/Masks (if required)**☐ Correct type for the hazard (e.g., dust, fumes).☐ Proper fit and seal (no gaps).☐ Filters/cartridges in good condition and not expired.**8. Fall Protection (if required)**☐ Harness and lanyard inspected for damage.☐ Properly worn and adjusted (straps snug, D-ring centered).☐ Anchorage point verified and secure.**9. Additional PPE (if required)**☐ Face shields (used with safety glasses, no damage).☐ Knee pads (properly fitted, no damage).☐ Coveralls/protective clothing (appropriate for task, no tears). |

**Inspector Notes:**

* Any issues observed (e.g., damaged PPE, non-compliance):
* Corrective actions taken:

**Worker Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Inspector Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_