

Daily PPE Inspection Checklist

For use by on-site inspectors to verify worker compliance with PPE requirements.

Worker Name: _____ Date: _____

Inspector Name: _____

<p>1. Hard Hats</p> <ul style="list-style-type: none"><input type="checkbox"/> No visible cracks, dents, or damage.<input type="checkbox"/> Worn properly (bill forward, snug fit).<input type="checkbox"/> Chin strap used (if required). <p>2. Safety Glasses/Goggles</p> <ul style="list-style-type: none"><input type="checkbox"/> Free from scratches, cracks, or damage.<input type="checkbox"/> Worn in designated areas (e.g., cutting, grinding).<input type="checkbox"/> Properly fitted (no slipping, covers eyes fully). <p>3. Gloves</p> <ul style="list-style-type: none"><input type="checkbox"/> Appropriate type for the task (e.g., cut-resistant, chemical-resistant).<input type="checkbox"/> No tears, holes, or excessive wear.<input type="checkbox"/> Properly sized for comfort and safety. <p>4. High-Visibility Vests</p> <ul style="list-style-type: none"><input type="checkbox"/> Clean and reflective strips intact.<input type="checkbox"/> Worn at all times on-site.<input type="checkbox"/> Proper fit (not too loose or tight). <p>5. Steel-Toe Boots</p> <ul style="list-style-type: none"><input type="checkbox"/> Proper fit and in good condition (no cracks or holes).<input type="checkbox"/> Non-slip soles intact.<input type="checkbox"/> Laces or straps secured to prevent tripping.	<p>6. Hearing Protection</p> <ul style="list-style-type: none"><input type="checkbox"/> Earplugs or earmuffs available.<input type="checkbox"/> Worn in high-noise areas (e.g., machinery, power tools).<input type="checkbox"/> Properly fitted (earplugs inserted correctly, earmuffs snug). <p>7. Respirators/Masks (if required)</p> <ul style="list-style-type: none"><input type="checkbox"/> Correct type for the hazard (e.g., dust, fumes).<input type="checkbox"/> Proper fit and seal (no gaps).<input type="checkbox"/> Filters/cartridges in good condition and not expired. <p>8. Fall Protection (if required)</p> <ul style="list-style-type: none"><input type="checkbox"/> Harness and lanyard inspected for damage.<input type="checkbox"/> Properly worn and adjusted (straps snug, D-ring centered).<input type="checkbox"/> Anchorage point verified and secure. <p>9. Additional PPE (if required)</p> <ul style="list-style-type: none"><input type="checkbox"/> Face shields (used with safety glasses, no damage).<input type="checkbox"/> Knee pads (properly fitted, no damage).<input type="checkbox"/> Coveralls/protective clothing (appropriate for task, no tears).
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Inspector Notes:

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

Inspector Signature: _____