

PPE Checklist Template

Construction

AUDIT VERIFICATION

Inspector's Name

Signature

SIGNATURE

BODY AND HEARING PROTECTION

Are employees safe when their body parts are exposed to dust, sharp surfaces, extreme heat and dangerous items?

Yes

No

NA

Are employees safe when their ears are exposed to loud noise from machines and other tools?

Yes

No

NA

EYE AND FACE PROTECTION

Is employees eyes exposed to dust and flying particles?

Yes

No

NA

Is employees eyes exposed while handling hazardous liquid chemicals?

Yes

No

NA

Is employees eyes exposed to the chemical irritants, lasers, and intense lights?

☐ Yes☐ No☐ NA

Is employees face safe while handling hazardous liquid chemicals?

☐ Yes☐ No☐ NA

Is employees face exposed to extreme heat and potential irritants?

☐ Yes☐ No☐ NA

HANDS AND FEET PROTECTION

Are employees safe when their feet is exposed to objects which may fall/roll?

☐ Yes☐ No☐ NA

Are employees safe when their feet is exposed to electrical wiring, molten metal and explosive atmosphere?

☐ Yes☐ No☐ NA

Are employees safe when their hands are exposed to tools, cuts, and chemical irritants?

☐ Yes☐ No☐ NA

Are employees safe when their hands are exposed to extreme heat and electrical objects?

☐ Yes☐ No☐ NA

HEAD PROTECTION

Are employee's safe if tools/other objects may fall?

☐ Yes☐ No☐ NA

Is employee's head safe while working near machinery parts, pipes, and beams?

Yes

No

NA

Are employees safe while working near electrical wiring and other electrical objects?

Yes

No

NA