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| **Inspection Check List for PPE** |
| Date & time of Inspection: Location of Inspection: |
| Inspected by (Name of Safety Personal): Name of Execution Person: |

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| **Sr.**  **No.** | **Check points** | **Yes/**  **No** | **Corrective Action Required** | **Action By** | **Due Date** | **Status** |
| 1 | Has the job task been evaluated for PPE? |  |  |  |  |  |
| 2 | Is there a clear understanding for PPE needs? |  |  |  |  |  |
| 3 | Is PPE appropriately stored and clean? |  |  |  |  |  |
| 4 | Is the PPE in good working condition? |  |  |  |  |  |
| 5 | Is work clothing appropriate? |  |  |  |  |  |
| 6 | Is eye protection appropriate? |  |  |  |  |  |
| 7 | Is face protection appropriate? |  |  |  |  |  |
| 8 | Is hearing protection appropriate? |  |  |  |  |  |
| 9 | Is hand protection appropriate? |  |  |  |  |  |
| 10 | Is foot protection appropriate? |  |  |  |  |  |
| 11 | Is chemical protection appropriate? |  |  |  |  |  |
| 12 | Is thermal protection appropriate? |  |  |  |  |  |
| 13 | Is respiratory protection appropriate? |  |  |  |  |  |
| 14 | Is a hard hat being utilized appropriately? |  |  |  |  |  |
| 15 | Is the appropriate PPE available? |  |  |  |  |  |
| 16 | Have employees been trained in the use of PPE? |  |  |  |  |  |
| 17 | Are all visitors made available appropriate PPE and is it worn? |  |  |  |  |  |
| 18 | Are work locations clearly marked where Specialty PPE is required? |  |  |  |  |  |
| 19 | Is safety signage for PPE requirements clearly posted at those worksites requiring such designation? |  |  |  |  |  |
| 20 | Does the PPE provided meet accepted industry standards such as British Standards, etc.? |  |  |  |  |  |
| 21 | Have provisions been established with Materials / Warehouse to establish minimum inventory levels of PPE? |  |  |  |  |  |
| 22 | Is damaged PPE removed from the workplace and destroyed |  |  |  |  |  |

Checked By ………………………………………………………………… Date………………………………

Signature:

HSE Officer Superintendent /Foreman