

OSHA Personal Protective Equipment (PPE) Inspection

Workplace Name/Location

Date of Inspection

Inspector's Name

INSTRUCTIONS:
This checklist is designed to ensure compliance with OSHA's Personal Protective Equipment Standard (29 CFR 1910.132) to protect workers from workplace hazards. Carefully review each item and mark the corresponding checkbox to indicate compliance or note any observations and areas for improvement. Use the "Notes/Observations" section to provide additional details, corrective actions, and any required follow-up.

HAZARD ASSESSMENT

Hazards Identified: Review workplace hazards that require the use of PPE.

☐ Yes☐ No☐ NA

PPE Selection: Check if appropriate PPE is selected based on the identified hazards.

☐ Yes☐ No☐ NA

PPE Availability: Ensure that the necessary PPE is readily available for employees.

☐ Yes☐ No☐ NA

Observations / Notes /
Corrective actions, if any:

PPE SELECTION AND USE

PPE Use Training: Verify that employees are trained on the proper use of PPE.

☐ Yes☐ No☐ NA

Suitable PPE: Ensure that the selected PPE is suitable for the specific hazard.

☐ Yes☐ No☐ NA

Compatibility: Check that PPE components are compatible when used together.

☐ Yes☐ No☐ NA

Observations / Notes /
Corrective actions, if any:

HEAD PROTECTION

Hard Hats: Inspect hard hats for signs of damage and proper fit.

☐ Yes☐ No☐ NA

Hard Hat Labels: Verify that hard hats have appropriate ANSI/ISEA Z89.1 labels.

☐ Yes☐ No☐ NA

Bump Caps: Check if bump caps are provided where hard hats are not required but head protection is needed.

☐ Yes☐ No☐ NA

Observations / Notes /
Corrective actions, if any:

OPERATING CONDITIONS

| | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| Safety Glasses/Goggles: Inspect safety glasses/goggles for damage and proper fit. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Face Shields: Check face shields for signs of damage and proper use. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Welding Protection: Ensure that welding shields and goggles are provided for welding activities. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

Observations / Notes /
Corrective actions, if any:

FORKLIFT SPEED AND BRAKING

| | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| Noise Exposure Assessment: Review the workplace for noise hazards that require hearing protection. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Hearing Protectors: Check if appropriate hearing protectors are provided and used correctly. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Training: Verify that employees are trained on the proper use and care of hearing protection. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

Observations / Notes /
Corrective actions, if any:

HAND AND ARM PROTECTION

| | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| Glove Selection: Ensure that appropriate gloves are provided for specific tasks and hazards. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Glove Condition: Inspect gloves for signs of wear or damage. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Cut-Resistant Gloves: Check if cut-resistant gloves are used where needed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

Observations / Notes /
Corrective actions, if any:

FOOT AND LEG PROTECTION

| | | | |
|---|------------------------------|-----------------------------|-----------------------------|
| Footwear Selection: Verify that appropriate footwear is provided for foot protection. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Safety Toe: Ensure that safety-toe shoes are used where required. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Slip-Resistant: Check if slip-resistant footwear is provided for slippery surfaces. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

Observations / Notes /
Corrective actions, if any:

RESPIRATORY PROTECTION

Respirator Selection: Inspect respirators to ensure they are suitable for the specific hazards.

☐

Yes

☐

No

☐

NA

Fit Testing: Check if employees are fit-tested for tight-fitting respirators.

☐

Yes

☐

No

☐

NA

Medical Evaluation: Ensure that employees undergo a medical evaluation before respirator use.

☐

Yes

☐

No

☐

NA

Observations / Notes /

Corrective actions, if any:

ADDITIONAL NOTES/OBSERVATIONS

[Insert any additional notes or PPE checklist observations made during the inspection]

STATEMENT OF INSPECTION

I hereby certify that I have conducted the above OSHA Personal Protective Equipment (PPE) checklist inspection and that the workplace is in compliance with OSHA's Personal Protective Equipment Standard. Any identified issues have been documented, and necessary corrective actions have been recommended.

Inspector's Name

:

Signature

:

Date

:

APPROVED BY

Name

:

Signature

:

Date

: