

# PPE Inspection and Compliance Checklist

|                |       |         |       |
|----------------|-------|---------|-------|
| Site / Project | _____ | Address | _____ |
| Inspector name | _____ | Company | _____ |
| Date           | _____ | Time    | _____ |

*Documentation aid only. Adapt this resource to the site, manufacturer instructions, and applicable local requirements. It does not replace a competent person, professional judgment, legal advice, or a required statutory form.*

**Jurisdiction: Adaptable. Covers OSHA 29 CFR 1910.132 (US) and UK PPER 1992. Adaptable to other jurisdictions with PPE regulations. Apply only the section and thresholds for the governing jurisdiction; do not combine US and UK requirements as if they were one code.**

## Inspection checklist

### Hazard assessment documentation

|                                                                        |                               |                               |                              |              |
|------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Written hazard assessment completed: Yes / No | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Workplace evaluated and identified            | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Person certifying the evaluation              | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Date of hazard assessment                     | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> PPE matched to specific identified hazards    | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |

### Head protection (hard hats)

|                                                                                            |                               |                               |                              |              |
|--------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Manufacturing date on shell: within 5-year lifespan               | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Inner suspension: within 1-year lifespan from first use           | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Shell condition: no crazing (UV cracks), deep gouges, or chalking | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |

|                                                                            |                               |                               |                              |              |
|----------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Suspension: no cuts, fraying, or stretched straps | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
|----------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|

## Respiratory protection

|                                                                  |                               |                               |                              |              |
|------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Facepiece: no cracks, tears, distortion | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
|------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|

|                                                                        |                               |                               |                              |              |
|------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Exhalation valves: seated correctly and clean | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
|------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|

|                                                                                |                               |                               |                              |              |
|--------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Operator clean-shaven (for tight-fitting respirators) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
|--------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|

|                                                                                         |                               |                               |                              |              |
|-----------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Filter / cartridge: within service life, replaced per schedule | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
|-----------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|

## Hand protection

|                                                                                                     |                               |                               |                              |              |
|-----------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Chemical-resistant gloves: air-inflation test for pinholes before each use | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
|-----------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|

|                                                                    |                               |                               |                              |              |
|--------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Leather rigging gloves: no torn stitching | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
|--------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|

|                                                                         |                               |                               |                              |              |
|-------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Glove type matched to specific chemical hazard | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
|-------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|

## Eye and face protection

|                                                                                       |                               |                               |                              |              |
|---------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Safety glasses: lenses from heavy scratches (per ANSI Z87.1) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
|---------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|

|                                                          |                               |                               |                              |              |
|----------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Goggles: seal intact, no cracks | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
|----------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|

|                                                            |                               |                               |                              |              |
|------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Face shields: no cracks or damage | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
|------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|

## Component compatibility (UK PPER)

|                                                                                                                             |                               |                               |                              |              |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Multiple PPE items worn simultaneously: compatible (e.g., ear defenders do not break goggles seal) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|

## Defect resolution

|                                                                       |                               |                               |                              |              |
|-----------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Defective PPE removed from service: Yes / No | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
|-----------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|

|                                                 |                               |                               |                              |              |
|-------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Replacement PPE issued | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
|-------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|

|                                                      |                               |                               |                              |              |
|------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Inspector initials and date | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
|------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|

## Findings

| # | Item | Location | Severity | Action required |
|---|------|----------|----------|-----------------|
| 1 |      |          |          |                 |
| 2 |      |          |          |                 |
| 3 |      |          |          |                 |
| 4 |      |          |          |                 |
| 5 |      |          |          |                 |
| 6 |      |          |          |                 |
| 7 |      |          |          |                 |
| 8 |      |          |          |                 |

## Signature

Inspector signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

## References consulted

OSHA 29 CFR 1910.132 – General requirements for PPE

UK HSE – Personal Protective Equipment at Work Regulations 1992

ANSI Z87.1 – Occupational and Educational Personal Eye and Face Protection Devices

UK HSE – PPE at work (L22)

*Verify the current edition and local adoption before use.*