

# Personal Protective Equipment (PPE) – Checklist

CATEGORY	Y	N	NA	COMMENTS/CORRECTIVE ACTIONS/DATE COMPLETED
<b>Eye and Face Protection</b> <ul style="list-style-type: none"> <li>• provided for: flying particles, molten material, liquid chemicals, acids, caustic liquids, chemical gases/vapors, and/or injurious light radiation</li> <li>• hazard assessment completed: date __ / __ / __ <ul style="list-style-type: none"> <li>■ detachable side protectors (flying particles) provided</li> <li>■ prescription lenses provided or able to cover</li> <li>■ lens shade in accordance with Table 133 (a)(5)</li> </ul> </li> <li>• provided by company or employee</li> <li>• written program in place</li> <li>• documented employee training completed: date __ / __ / __</li> <li>• inspection completed: date __ / __ / __</li> <li>• appropriate fit for employee</li> <li>• equipment maintenance plan/schedule in place</li> </ul> <p>OSHA Standard: General Industry 1910.133 / Construction 1926.102 ANSI Standard: ISEA Z87.1-2010 / Z87.1-2003 / Z87.1-1989</p>				
<b>Respiratory Protection</b> <ul style="list-style-type: none"> <li>• provided for: dust, fog, fumes, mists, gases, smoke, sprays, and/or vapors (when engineering controls are not feasible)</li> <li>• hazard assessment completed: date __ / __ / __</li> <li>• provided by company or employee</li> <li>• written program in place</li> <li>• documented employee training completed: date __ / __ / __</li> <li>• inspection completed: date __ / __ / __</li> <li>• medical evaluation completed: date __ / __ / __</li> <li>• fit test completed: date __ / __ / __</li> <li>• equipment maintenance plan/schedule in place</li> </ul> <p>OSHA Standard: General Industry 1910.134 (App A, B-1, B2, C, &amp; D) / Construction 1926.103</p>				
<b>Head Protection</b> <ul style="list-style-type: none"> <li>• provided for: falling objects and/or electrical shock</li> <li>• hazard assessment completed: date __ / __ / __</li> <li>• provided by company or employee</li> <li>• written program in place</li> <li>• documented employee training completed: date __ / __ / __</li> <li>• inspection completed: date __ / __ / __</li> <li>• appropriate fit for employee</li> <li>• equipment maintenance plan/schedule in place</li> </ul> <p>OSHA Standard: General Industry 1910.135 / Construction 1926.102 ANSI Standard: Z89.1-2003 / Z89.1-1997</p>				

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CATEGORY	Y	N	NA	COMMENTS/CORRECTIVE ACTIONS/DATE COMPLETED
<b>Foot Protection</b> <ul style="list-style-type: none"> <li>• provided for: falling/rolling objects, objects piercing sole, and/or electrical hazard (shock or static discharge)</li> <li>• hazard assessment completed: date __ / __ / __</li> <li>• provided by company or employee</li> <li>• written program in place</li> <li>• documented employee training completed: date __ / __ / __</li> <li>• inspection completed: date __ / __ / __</li> <li>• appropriate fit for employee</li> <li>• equipment maintenance plan/schedule in place</li> </ul> OSHA Standard: General Industry 1910.136 / Construction 1926.96 ANSI Standard: Z41-1999 / Z41-1991 ASTM Requirement: F-2412-2005 / F-2413-2005				
<b>Electrical Protection</b> <ul style="list-style-type: none"> <li>• provided for: electrical hazards (shock or static discharge)</li> <li>• hazard assessment completed: date __ / __ / __</li> <li>• provided by company or employee</li> <li>• written program in place</li> <li>• documented employee training completed: date __ / __ / __</li> <li>• inspection completed: date __ / __ / __               <ul style="list-style-type: none"> <li>■ blankets, gloves, sleeves are seamless</li> <li>■ marked in accordance to standard, includes manufacturer and size</li> <li>■ equipment discarded if it does not pass inspection</li> </ul> </li> <li>• appropriate fit for employee</li> <li>• equipment maintenance plan/schedule in place</li> </ul> OSHA Standard: General Industry 1910.137 / Construction 1926.97				
<b>Hand Protection</b> <ul style="list-style-type: none"> <li>• provided for: harmful substances, cuts/lacerations, abrasions, punctures, chemical or thermal burns, and/or temperature extremes</li> <li>• hazard assessment completed: date __ / __ / __</li> <li>• consider type of task, various conditions, and duration of task</li> <li>• provided by company or employee</li> <li>• written program in place</li> <li>• documented employee training completed: date __ / __ / __</li> <li>• inspection completed: date __ / __ / __</li> <li>• appropriate fit for employee</li> <li>• equipment maintenance plan/schedule in place</li> </ul> OSHA Standard: General Industry 1910.138 / Construction 1926.28 Subpart C				

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CATEGORY	Y	N	NA	COMMENTS/CORRECTIVE ACTIONS/DATE COMPLETED
<b>Fall Protection</b> <ul style="list-style-type: none"> <li>• provided for: work at heights over 4' for general industry and 6' for construction industry (when engineering controls are not feasible)</li> <li>• hazard assessment completed: date __ / __ / __</li> <li>• provided by company or employee</li> <li>• written program in place</li> <li>• documented employee training completed: date __ / __ / __</li> <li>• inspection completed: date __ / __ / __ <ul style="list-style-type: none"> <li>■ equipment removed if it does not pass inspection or was used in a fall or testing process</li> </ul> </li> <li>• appropriate fit for employee</li> <li>• equipment maintenance plan/schedule in place</li> </ul> <p>OSHA Standard: General Industry 1910.140 (App A, B, C, D) / Construction 1926.104 / Construction 1926.105 / Construction 1926 Subpart M</p>				

\*NOTE: This checklist is not all inclusive and does not guarantee compliance with OSHA, ANSI, ASTM, or local/state/federal regulations. Refer to the cited standards for compliance requirements.

References

- Occupational Safety & Health Administration – Construction: <https://www.osha.gov/laws-regs/regulations/standardnumber/1926>
- Occupational Safety & Health Administration – General Industry: <https://www.osha.gov/laws-regs/regulations/standardnumber/1910>
- American National Standards Institute: <https://www.ansi.org/>
- ASTM International: <https://www.astm.org/>

