PPE (PERSONAL PROTECTIVE EQUIPMENT) CHECKLIST

Company Name: _____ Date: _____
Department/Area: _____
Supervisor Name: _____
Employee Name: _____

EMPLOYESS HAVE BEEN TRAINED TO KNOW	YES	NO
When PPE is necessary	☐	☐
What PPE is necessary for the job/task being performed	☐	☐
How to properly choose, remove, adjust and wear PPE	☐	☐
What the limitations are of the PPE	☐	☐
The proper care, maintenance, useful life and disposal of the PPE	☐	☐

DEPARTMENT/AREA HAS BEEN INSPECTED AND PPE CHOOSEN FOR HAZARDS INVOLVING:	YES	NO
Eye and Face Injury	☐	☐
Noise Levels	☐	☐
Cuts, punctures and lacerations	☐	☐
Foot and hand injury	☐	☐
Head Impact	☐	☐
Chemical Exposure	☐	☐
Air Contamination	☐	☐
Excessisive temperature	☐	☐

Inspector Signature: _____
Employee Signature: _____

AlaCOMP
Workers' Comp Insurance