

PPE CHECKLIST FOR CONSTRUCTION WORKERS

COMPANY NAME								
SITE ADDRESS								
SIGNED					DATE			
Is Personal Pro	tective Eq	uipm	ent nee	ded at	this site	? Yes	No	
HI-VISIBILITY CLOTHING NEEDED?						Yes	No	
1. Supplied by employ	olied by employer? Yes No			Signed b	y employee	to indicate under	rstanding:	
2. Must be worn by en	nployee when:			Signatur	e:			
				Print Na	me:			
EYE AND FACE	PROTECT	ION N	NEEDED)?		Yes	No	
EYE AND FACE 1. Supplied by employ		ION N	NEEDEC		y employee	Yes to indicate under		
	er? Yes	ION N						
1. Supplied by employ	er? Yes	ION N		Signed b				
1. Supplied by employ	er? Yes	TION N		Signed b	ə:			
1. Supplied by employ	er? Yes	TION N		Signed b	ə:			
1. Supplied by employ	er? Yes			Signed b	ə:			
Supplied by employ Must be worn by en	er? Yes		No	Signed b	ə:	to indicate under	rstanding:	
1. Supplied by employ	er? Yes		No	Signed b	ə:			
Supplied by employ Must be worn by en	er? Yes hployee when:		No	Signed b	e: me:	to indicate under	rstanding:	
1. Supplied by employ 2. Must be worn by em	er? Yes polyee when: COOTWEAF er? Yes		No DED?	Signed b	e: me: by employee	to indicate under	rstanding:	
1. Supplied by employ 2. Must be worn by en PROTECTIVE F 1. Supplied by employ	er? Yes polyee when: COOTWEAF er? Yes		No DED?	Signed b	e: me: by employee	to indicate under	rstanding:	
1. Supplied by employ 2. Must be worn by en PROTECTIVE F 1. Supplied by employ	er? Yes polyee when: COOTWEAF er? Yes		No DED?	Signed b	e: by employee e:	to indicate under	rstanding:	





HAND PROTECTION NEEDED?	Yes No					
1. Supplied by employer? Yes No	Signed by employee to indicate understanding:					
2. Must be worn by employee when:	Signature:					
	Print Name:					
HEARING PROTECTION NEEDED?	Yes No					
1. Supplied by employer? Yes No	Signed by employee to indicate understanding:					
2. Must be worn by employee when:	Signature:					
	Print Name:					
DECDIDATORY PROTECTION NEEDED	No. No.					
RESPIRATORY PROTECTION NEEDED						
1. Supplied by employer? Yes No	Signed by employee to indicate understanding:					
2. Must be worn by employee when:	Signature:					
	Print Name:					
ADDITIONAL COMMENTS:						
(Please make note of all equipment that should not be removed from the premises, onsite PPE storage info and maintenance requirements	Signed by employee to indicate understanding:					
to be carried out by the employee. Plus any additional comments)	Signature:					
	Print Name:					

