

# PPE CHECKLIST FOR CONSTRUCTION WORKERS

|              |  |      |  |
|--------------|--|------|--|
| COMPANY NAME |  |      |  |
| SITE ADDRESS |  |      |  |
| SIGNED       |  | DATE |  |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>Is Personal Protective Equipment needed at this site?</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

|                                       |                              |                              |   |
|---------------------------------------|------------------------------|------------------------------|---|
| <b>HI-VISIBILITY CLOTHING NEEDED?</b> |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/>                   |
| 1. Supplied by employer?              | Yes <input type="checkbox"/> | No <input type="checkbox"/>  | Signed by employee to indicate understanding: |
| 2. Must be worn by employee when:     | Signature:                   |                              |   |
|                                       | Print Name:                  |                              |   |
|                                       |                              |                              |   |
|                                       |                              |                              |   |

|  |                              |                              |   |
|--|------------------------------|------------------------------|---|
| <b>EYE AND FACE PROTECTION NEEDED?</b> |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/>                   |
| 1. Supplied by employer?               | Yes <input type="checkbox"/> | No <input type="checkbox"/>  | Signed by employee to indicate understanding: |
| 2. Must be worn by employee when:      | Signature:                   |                              |   |
|  | Print Name:                  |                              |   |
|  |                              |                              |   |
|  |                              |                              |   |

|                                    |                              |                              |   |
|------------------------------------|------------------------------|------------------------------|---|
| <b>PROTECTIVE FOOTWEAR NEEDED?</b> |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/>                   |
| 1. Supplied by employer?           | Yes <input type="checkbox"/> | No <input type="checkbox"/>  | Signed by employee to indicate understanding: |
| 2. Must be worn by employee when:  | Signature:                   |                              |   |
|                                    | Print Name:                  |                              |   |
|                                    |                              |                              |   |
|                                    |                              |                              |   |

| <b>HAND PROTECTION NEEDED?</b>   |   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|---|------------------------------|-----------------------------|
| 1. Supplied by employer?    Yes <input type="checkbox"/> No <input type="checkbox"/> | Signed by employee to indicate understanding: |                              |                             |
| 2. Must be worn by employee when:<br><br>_____                                       | Signature:                                    |                              |                             |
| _____  | Print Name:                                   |                              |                             |
| _____  |   |                              |                             |

| <b>HEARING PROTECTION NEEDED?</b>  |   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|---|------------------------------|-----------------------------|
| 1. Supplied by employer?    Yes <input type="checkbox"/> No <input type="checkbox"/> | Signed by employee to indicate understanding: |                              |                             |
| 2. Must be worn by employee when:<br><br>_____                                       | Signature:                                    |                              |                             |
| _____  | Print Name:                                   |                              |                             |
| _____  |   |                              |                             |

| <b>RESPIRATORY PROTECTION NEEDED?</b>  |   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|---|------------------------------|-----------------------------|
| 1. Supplied by employer?    Yes <input type="checkbox"/> No <input type="checkbox"/> | Signed by employee to indicate understanding: |                              |                             |
| 2. Must be worn by employee when:<br><br>_____                                       | Signature:                                    |                              |                             |
| _____  | Print Name:                                   |                              |                             |
| _____  |   |                              |                             |

| <b>ADDITIONAL COMMENTS:</b>   |  |
|---|--|
| (Please make note of all equipment that should not be removed from the premises, onsite PPE storage info and maintenance requirements to be carried out by the employee. Plus any additional comments)<br><br>_____<br>_____<br>_____<br>_____<br>_____ | Signed by employee to indicate understanding:<br><br>Signature:<br><br><br>Print Name: |