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| Personal Protective Equipment Inspection Form |
| Agency: | Inspection Date: |
| Name of Inspector: | Title: |
| Type of PPE | Description | Make/Model | Condition | Needs Replacement (yes/no) | Issue Date |
| Eye Protection |  |  |  |  |  |
| Eye Protection |  |  |  |  |  |
| Face Protection |  |  |  |  |  |
| Gloves(non-disposable)  |  |  |  |  |  |
| Gloves(non-disposable) |  |  |  |  |  |
| Harness |  |  |  |  |  |
| Head Protection |  |  |  |  |  |
| Head Protection |  |  |  |  |  |
| Hearing Protection(non-disposable) |  |  |  |  |  |
| Hearing Protection(non-disposable) |  |  |  |  |  |
| Protective Footwear |  |  |  |  |  |
| Reflective Apparel |  |  |  |  |  |
| Reflective Apparel |  |  |  |  |  |
| Respiratory Protection(non-disposable) |  |  |  |  |  |