

PPE Inspection

Check that personal protective equipment is available, in good condition and suitable for the task. Regular inspections keep teams properly protected.

Title: _____

Severity: _____ Site: _____

Date / Time: _____ Completed by: _____

Inspection Details

1 Date of inspection *

2 Location

Address or coordinates

3 Inspector name *

4 Job title or role

5 Inspection type

Routine inspection

Pre-use check

Post-incident check

New issue check

Scheduled replacement
review

Employee Details

6 Employee name *

7 Job title or role

8 Department or team

9 Employee number

Head Protection

10 Hard hat or helmet inspected

Yes

No

N/A

11 Shell free from cracks or dents

Yes

No

N/A

12 Harness intact and adjustable

Yes

No

N/A

13 Chin strap in good condition

Yes

No

N/A

14 Within expiry or replacement date

Yes

No

N/A

15 Manufacturer and model

16 Date of manufacture

17 Condition

Good

Fair

Poor

Replace immediately

18 Notes

Eye Protection

19 Safety glasses or goggles inspected

Yes

No

N/A

20 Lenses free from scratches and cracks

Yes

No

N/A

21 Frames intact and not bent

Yes

No

N/A

22 Side shields in place if required

Yes

No

N/A

23 Anti-fog coating effective

Yes

No

N/A

24 Headband or strap in good condition

Yes

No

N/A

25 Correct grade for task

Yes

No

N/A

26 Condition

Good

Fair

Poor

Replace immediately

27 Notes

Face Protection

28 Face shield or visor inspected

Yes

No

N/A

29 Visor free from scratches and cracks

Yes

No

N/A

30 Headgear secure and adjustable

Yes

No

N/A

31 Ratchet mechanism working

Yes

No

N/A

32 Correct grade for task

Yes

No

N/A

33 Condition

Good

Fair

Poor

Replace immediately

34 Notes

Hearing Protection

35 Ear defenders or plugs inspected

Yes

No

N/A

36 Ear cups intact and clean

Yes

No

N/A

37 Seals soft and not perished

Yes

No

N/A

38 Headband tension adequate

Yes

No

N/A

39 Ear plugs clean and undamaged

Yes

No

N/A

40 Correct SNR rating for environment

Yes

No

N/A

41 Condition

Good

Fair

Poor

Replace immediately

42 Notes

Respiratory Protection

43 Respirator or mask inspected

Yes

No

N/A

44 Type of RPE

Disposable mask

Half mask

Full face mask

Powered respirator

Self-contained breathing apparatus

Other

45 Face seal intact and pliable

Yes

No

N/A

46 Straps in good condition

Yes

No

N/A

47 Valves clean and functioning

Yes

No

N/A

48 Filters in date and correct type

Yes

No

N/A

49 Filter expiry date

50 Face fit test completed

Yes

No

N/A

51 Face fit test date

52 Condition

Good

Fair

Poor

Replace immediately

53 Notes

Hand Protection

54 Gloves inspected

Yes

No

N/A

55 Glove type

General purpose

Cut resistant

Chemical resistant

Thermal

Electrical

Welding

Disposable

Other

56 No holes tears or punctures

Yes

No

N/A

57 Seams intact

Yes

No

N/A

58 Grip surface effective

Yes

No

N/A

59 Correct size for wearer

Yes

No

N/A

60 Correct type for task

Yes

No

N/A

61 Condition

Good

Fair

Poor

Replace immediately

62 Notes

Foot Protection

63 Safety footwear inspected

Yes

No

N/A

64 Footwear type

Safety boots

Safety shoes

Wellington boots

Rigger boots

Anti-static footwear

Electrical hazard boots

Other

65 Toe cap intact and not exposed

Yes

No

N/A

66 Midsole protection intact

Yes

No

N/A

67 Soles not worn or damaged

Yes

No

N/A

68 Laces or fastenings in good condition

Yes

No

N/A

69 Ankle support adequate

Yes

No

N/A

70 Waterproofing effective if applicable

Yes

No

N/A

71 Condition

Good

Fair

Poor

Replace immediately

72 Notes

Body Protection

73 Hi-vis clothing inspected

Yes

No

N/A

74 Reflective strips intact and visible

Yes

No

N/A

75 No excessive fading or staining

Yes

No

N/A

76 Fastenings working

Yes

No

N/A

77 Correct class for environment

Yes

No

N/A

78 Condition

Good

Fair

Poor

Replace immediately

79 Notes

Protective Clothing

80 Overalls or workwear inspected

Yes

No

N/A

81 Type of protective clothing

Overalls

Coveralls

Apron

Chemical suit

Welding jacket

Chainsaw trousers

Thermal clothing

Wet weather clothing

Other

82 No rips tears or holes

Yes

No

N/A

83 Fastenings secure

Yes

No

N/A

84 Correct fit

Yes

No

N/A

85 Condition

Good

Fair

Poor

Replace immediately

86 Notes

Fall Protection

87 Harness inspected

Yes

No

N/A

88 Webbing free from cuts frays or damage

Yes

No

N/A

89 Stitching intact

Yes

No

N/A

90 Buckles and D-rings not bent or corroded

Yes

No

N/A

91 Labels legible

Yes

No

N/A

92 Within service life

Yes

No

N/A

93 Last thorough examination date

94 Lanyard in good condition

Yes

No

N/A

95 Energy absorber not deployed

Yes

No

N/A

96 Karabiners functioning correctly

Yes

No

N/A

97 Condition

Good

Fair

Poor

Replace immediately

98 Notes

PPE Storage

99 PPE stored correctly when not in use

Yes

No

N/A

100 Storage area clean and dry

Yes

No

N/A

101 PPE kept away from direct sunlight

Yes

No

N/A

102 PPE kept away from chemicals

Yes

No

N/A

103 Notes

Training and Fit

104 Employee trained in correct use

Yes

No

N/A

105 Employee trained in inspection requirements

Yes

No

N/A

106 PPE fits correctly

Yes

No

N/A

107 Employee aware of limitations

Yes

No

N/A

108 Notes

Overall Assessment

109 Overall PPE condition *

All items satisfactory

Some items need attention

Immediate replacement required

110 Items requiring replacement

111 Items requiring repair

112 Items on order

113 Replacement due date

114 Photos of defects

Attach file here

Actions Required

115 Actions identified

116 Person responsible for actions

117 Target completion date

Sign-off

118 Inspector signature *

Signature

119 Employee signature

Signature

120 Date *

121 Additional comments
