

# Construction PPE Compliance Checklist

Safety &amp; Compliance

DATE ____/____/____	INSPECTOR	SITE
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## HEAD PROTECTION

	OK	NOT OK
Hard hats worn by all on site	<input type="radio"/>	<input type="radio"/>
No cracks, dents, or sun damage	<input type="radio"/>	<input type="radio"/>
Suspension harness intact	<input type="radio"/>	<input type="radio"/>
Chin straps used at height (if required) <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> N/A		

## HIGH-VISIBILITY CLOTHING

	OK	NOT OK
Hi-vis vests or jackets worn by all	<input type="radio"/>	<input type="radio"/>
Reflective strips clean and visible	<input type="radio"/>	<input type="radio"/>
Correct class for conditions	<input type="radio"/>	<input type="radio"/>

## FOOT PROTECTION

	OK	NOT OK
Safety boots worn (steel or composite toe)	<input type="radio"/>	<input type="radio"/>
Boots in good condition (sole, upper)	<input type="radio"/>	<input type="radio"/>
Correct type for task (waterproof, metatarsal)	<input type="radio"/>	<input type="radio"/>

## EYE PROTECTION

Safety glasses worn in required areas  OK  Not OK

	OK	NOT OK	N/A
Goggles used for grinding / cutting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face shields for welding (correct shade)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## HEARING PROTECTION

	OK	NOT OK	N/A
Ear plugs or muffs in noise zones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Noise zone signage visible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correct NRR for noise level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**RESPIRATORY PROTECTION**

	OK	NOT OK	N/A		OK	NOT OK	N/A
Respirators worn where required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fit testing completed and documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correct type for contaminant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cartridges within change schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**HAND PROTECTION**

	OK	NOT OK
Gloves worn for task	<input type="radio"/>	<input type="radio"/>
Correct type (cut, chemical, impact)	<input type="radio"/>	<input type="radio"/>
Gloves in good condition	<input type="radio"/>	<input type="radio"/>

**FALL ARREST (IF WORKING AT HEIGHT)**

	OK	NOT OK	N/A		OK	NOT OK	N/A
Harness worn and connected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lanyard / SRL in good condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harness inspected (webbing, buckles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Connected to rated anchor point	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CORRECTIVE ACTIONS**

Non-compliance observed

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Inspector signature \_\_\_\_\_

**Notes**

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