

PERSONAL PROTECTIVE EQUIPMENT AUDIT FORM

PPEA#	DATE	AUDITOR(S) NAME:

DEPARTMENT / LOCATION / AREA

OBSERVATION / INTERACTIONS / NOTES OF REQUIREMENTS

#	PPE NAME	FREQUENTLY REQUIRED	NOT REQUIRED	SOMETIME REQUIRED	NOTES
01	HEAD PROTECTION				
01.1	Safety helmets				
01.2	Safety Cap				
02	EYE PROTECTION				
02.1	Safety Glasses				
02.2	Splash Goggles				
02.3	Cutting Goggles				
02.4	Welding Goggles				
02.5	Special Goggles				
03	FACE PROTECTION				
03.1	Face shield - Solid Iron				
03.2	Face shield - Iron net				
03.3	Face shield - common used				
04	INHELATION				
04.1	Nose Mask - Dust protective				
04.2	Nose Mask - Fume Protective				
04.3	Nose Mask - Gas Protective				
05	HEAR PROTECTION				
05.1	Ear plug - Noise reduction				
05.2	Ear Plug - Special				
05.3	Muffs				
06	BODY PROTECTION				
06.1	Heat Protection				
06.2	Fire Protective				
06.3	Bio-Protective				
06.4	Bullet Proof				
07	HAND PROTECTION				
07.1	Cotton Gloves				
07.2	Welders Gloves				
07.3	Hot work Gloves				
07.4	Cut Resistant Gloves				
07.5	Electric shot proof				
07.6	Fire Proof				
08	FOOT PROTECTION				
08.1	Steel Toe Shoes				
08.2	Close Toe Shoes				
08.3	Heel Shoes				

Team:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Auditor Signature	Approved By