



# PPE INSPECTION FORM

Project : \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Location: \_\_\_\_\_

Inspection Time: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Inspected By: \_\_\_\_\_

	EMPLOYEE NAME	HARNESS	LANYARD	BOOTS	HARD HAT	GLASSES	GLOVES	VEST
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

**Key** X = Acceptable

I = Insufficient/Needs Replace

N/A = Not Applicable for Situation