

# PPE Checklist for Construction Workers

SITE ADDRESS

SIGNED

DATE

Is Personal Protective Equipment needed at this site?

Yes

No

Eye & Face Protection. Needed?

Yes

No

1. Supplied by employer: Yes  No

2. Must be worn by employee when:

---

---

---

*Signed by Employee to indicate understanding:*

Foot Protection. Needed?

Yes

No

1. Supplied by employer: Yes  No

2. Must be worn by employee when:

---

---

---

*Signed by Employee to indicate understanding:*

Head Protection. Needed?

Yes

No

1. Supplied by employer: Yes  No

2. Must be worn by employee when:

---

---

---

*Signed by Employee to indicate understanding:*



**Hand Protection. Needed?**Yes  No 

1. Supplied by employer: Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Signed by Employee to indicate understanding:</i>
2. Must be worn by employee when: _____ _____ _____	

**Hearing Protection. Needed?**Yes  No 

1. Supplied by employer: Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Signed by Employee to indicate understanding:</i>
2. Must be worn by employee when: _____ _____ _____	

**Breathing Protection. Needed?**Yes  No 

1. Supplied by employer: Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Signed by Employee to indicate understanding:</i>
2. Must be worn by employee when: _____ _____ _____	

**Additional comments/equipment required:**

<p>(Please make note of all equipment that should not be removed from the premises, onsite PPE storage information and maintenance requirements to be carried out by employee, plus any additional comments)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<i>Signed by Employee to indicate understanding:</i>
---	--

