

REGULATORY CHECKLIST

Personal Protective Equipment

Name of Worksite: _____

Item	Yes	No	N/A	Comments
Are there hazards to the eyes, face or neck?				
Are there hazards to the head?				
Are there hazards to the foot or skin?				
Are there respiratory hazards?				
Is there a respiratory protection program in place where respirators are required?				
Are there hazards to hearing?				
Is the appropriate PPE available?				
Are employees trained in the use of PPE?				
Are employees wearing the required PPE?				

Date completed:

Completed by: