



PERSONAL PROTECTIVE EQUIPMENT [PPE] CHECKLIST

PPE is personal and commentaries here must account for each and every individual worker who has to wear such equipment, e.g. body size for clothing; sight impairment for safety-glasses; facial hair for breathing apparatus

Date checklist completed		Date for review	
Name of person completing checklist			

PPE Checklist	YES	NO
Selection of Personal Protective Equipment [PPE]		
1. Has a risk assessment been done to determine what PPE is required?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have other control measures been implemented for the hazard identified (hierarchy of control) and what are they?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have employees/workers been consulted in the process of selecting PPE for particular tasks?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the PPE fit properly and is comfortable to wear?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are employees/workers trained in PPE procedures, such as the fit, use and maintenance of PPE?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do employees/workers wear PPE in accordance with the instructions provided?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the PPE stored in a clean area where it will not be damaged or exposed to contaminants?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is a maintenance program established for PPE and documented?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have medical conditions or physical characteristics of employees/workers been taken into consideration?	<input type="checkbox"/>	<input type="checkbox"/>
Supervision		
10. Has suitable training and resources been provided to Supervisors to enable them to ensure the proper, selection, fit, use, cleaning and maintenance of PPE?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are employees/workers aware of the disciplinary action to be taken if PPE procedures are not adhered to?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has responsibility for supervision and enforcement of the organisations PPE policy and procedures been allocated to a senior manager?	<input type="checkbox"/>	<input type="checkbox"/>



PPE Checklist	YES	NO
13. Are Supervisors provided disciplinary powers and appropriate support?	<input type="checkbox"/>	<input type="checkbox"/>
Potential Hazards Requiring PPE		
14. If there is a danger of cuts, or exposure to corrosives, chemicals or infectious materials are protective goggles, gloves, aprons or shields worn?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are hard hats provided where there is a risk of falling objects?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is footwear provided where there is a risk of foot injuries from hot or corrosive substances, crushing or penetrating objects?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are safety glasses, goggles provided for eye protection where there is a risk of flying objects, sparks, and filaments?	<input type="checkbox"/>	<input type="checkbox"/>
18. Is respiratory protection provided in areas where there is exposure to dust, gases, chemicals	<input type="checkbox"/>	<input type="checkbox"/>
19. Is other appropriate PPE provided for hot work, work near traffic, vibration, moving parts?	<input type="checkbox"/>	<input type="checkbox"/>
List additional hazard and PPE identified:		
Signage		
20. Are signs posted in the workplace wherever it is necessary to wear PPE?	<input type="checkbox"/>	<input type="checkbox"/>
21. Is the signage in the mandatory format?	<input type="checkbox"/>	<input type="checkbox"/>
22. Is PPE provided in accordance with the relevant WHS legislation and Australian Standards and stamped accordingly?	<input type="checkbox"/>	<input type="checkbox"/>
Action Required:		



PPE Checklist	YES	NO

Date actions completed: :		
Name:	Position:	
Signature:		

Return completed form to:..... Position