

**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

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| **Date checklist completed** |  | **Date for review** |  |
| **Name of person completing checklist** |  | | |

| **PPE Checklist** | **YES** | **NO** |
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| **Selection of Personal Protective Equipment [PPE]** | | |
| 1. Has a risk assessment been done to determine what PPE is required? |  |  |
| 1. Have other control measures been implemented for the hazard identified (hierarchy of control) and what are they? |  |  |
| 1. Have employees/workers been consulted in the process of selecting PPE for particular tasks? |  |  |
| 1. Does the PPE fit properly and is comfortable to wear? |  |  |
| 1. Are employees/workers trained in PPE procedures, such as the fit, use and maintenance of PPE? |  |  |
| 1. Do employees/workers wear PPE in accordance with the instructions provided? |  |  |
| 1. Is the PPE stored in a clean area where it will not be damaged or exposed to contaminants? |  |  |
| 1. Is a maintenance program established for PPE and documented? |  |  |
| 1. Have medical conditions or physical characteristics of employees/workers been taken into consideration? |  |  |
| **Supervision** | | |
| 1. Has suitable training and resources been provided to Supervisors to enable them to ensure the proper, selection, fit, use, cleaning and maintenance of PPE? |  |  |
| 1. Are employees/workers aware of the disciplinary action to be taken if PPE procedures are not adhered to? |  |  |
| 1. Has responsibility for supervision and enforcement of the organisations PPE policy and procedures been allocated to a senior manager? |  |  |
| 1. Are Supervisors provided disciplinary powers and appropriate support? |  |  |
| **Potential Hazards Requiring PPE** | | |
| 1. If there is a danger of cuts, or exposure to corrosives, chemicals or infectious materials are protective goggles, gloves, aprons or shields worn? |  |  |
| 1. Are hard hats provided where there is a risk of falling objects? |  |  |
| 1. Is footwear provided where there is a risk of foot injuries from hot or corrosive substances, crushing or penetrating objects? |  |  |
| 1. Are safety glasses, goggles provided for eye protection where there is a risk of flying objects, sparks, and filaments? |  |  |
| 1. Is respiratory protection provided in areas where there is exposure to dust, gases, chemicals |  |  |
| 1. Is other appropriate PPE provided for hot work, work near traffic, vibration, moving parts? |  |  |
| **List additional hazard and PPE identified:** | | |
| **Signage** | | |
| 1. Are signs posted in the workplace wherever it is necessary to wear PPE? |  |  |
| 1. Is the signage in the mandatory format? |  |  |
| 1. Is PPE provided in accordance with the relevant WHS legislation and Australian Standards and stamped accordingly? |  |  |
| **Action Required:** | | |
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| **Date actions completed:** | |  |
| **Name:** | **Position:** | |
| **Signature:** | | |

**Return completed form to:** [Insert Position (e.g. CEO/Director/Owner)]