

PERSONAL PROTECTIVE EQUIPMENT AUDIT & TRAINING DOCUMENT

Facility: _____ Department: _____

Date of Hazard Assessment: _____ Assessment Conducted By: _____

Check All That Apply In The Department

Eye & Face Protection: 1910.133		Not	Sometimes	Foot Protection: 1910.136		Not	Sometimes	Miscellaneous PPE:		Not	Sometimes
	Reqd.	Reqd.	Reqd.*		Reqd.	Reqd.	Reqd.*		Reqd.	Reqd.	Reqd.*
Safety Glass w/ Side Shields	_____	_____	_____	Steel Toe Shoes	_____	_____	_____	Protective Sleeves	_____	_____	_____
Visitor Safety Glasses	_____	_____	_____	Metatarsal Shoes	_____	_____	_____	Apron (With Leather Rubber)	_____	_____	_____
Splash Goggles	_____	_____	_____	Acid Resistant Boots	_____	_____	_____	Coveralls	_____	_____	_____
Face Shield	_____	_____	_____	Rubber Boots	_____	_____	_____	Rain Gear	_____	_____	_____
Cutting Goggles	_____	_____	_____	Work Boots Without Steel Toes	_____	_____	_____	Cold Weather Gear	_____	_____	_____
Welders Hood w/ Approp. Lens	_____	_____	_____	Cold Work Footwear	_____	_____	_____	Welder's Cape	_____	_____	_____
Chipping Goggles	_____	_____	_____	Other: _____	_____	_____	_____	Lab Coat	_____	_____	_____
Acid Hood	_____	_____	_____	Other: _____	_____	_____	_____	Other: _____	_____	_____	_____
Other: _____								Other: _____			
Other: _____											
* If sometimes required, specify when needed _____				* If sometimes required, specify when needed _____				* If sometimes required, specify when needed _____			
_____				_____				_____			
_____				_____				_____			
Head Protection: 1910.135				Hand Protection: 1910.138				Respirator Protection: 1910.134			
	Reqd.	Not	Sometimes		Reqd.	Not	Sometimes		Reqd.	Not	Sometimes
	Reqd.	Reqd.	Reqd.*		Reqd.	Reqd.	Reqd.*		Reqd.	Reqd.	Reqd.*
Hard Hats	_____	_____	_____	Cotton Gloves	_____	_____	_____	Dust Mask (3M)	_____	_____	_____
Protective Hoods	_____	_____	_____	Leather Gloves	_____	_____	_____	Respirator w/ Replaceable Cartridge	_____	_____	_____
Hair Nets	_____	_____	_____	Welders Gloves	_____	_____	_____	Air Supplied Hood	_____	_____	_____
Other: _____				Hot Work Gloves	_____	_____	_____	Other: _____			
Other: _____				Rubber Gloves	_____	_____	_____	Other: _____			
* If sometimes required, specify when needed _____				* If sometimes required, specify when needed _____				* If sometimes required, specify when needed _____			
_____				_____				_____			
_____				_____				_____			
Hearing Protection: 1910.95				Training Requirements:				Training Certification:			
	Reqd.	Not	Sometimes	SEE INFORMATION ON REVERSE SIDE				Employee Name: _____ Date Trained: _____ Job Name or No. _____ (Circle those items of PPE discussed in the training session) I have received and understand the training presented to me and can fully demonstrate the proper use, care, maintenance and disposal of the PPE required for my job. _____ Employee Signature _____ Supervisor/Training Signature			
	Reqd.	Reqd.	Reqd.*								
Ear Plugs	_____	_____	_____								
Ear Muffs	_____	_____	_____								
Other: _____											
Other: _____											
* If sometimes required, specify when needed _____											

For answers to questions about this form or the proper use of this form please contact:
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