OSHA PPE Assessment Checklist

Safety & Compliance | US

DATE OF ASSESSMENT	JOB TITLE / WORK AREA	DEPARTMENT	ASSESSOR
____ / ____ / _____			

HAZARD IDENTIFICATION

	PRESENT	NOT PRESENT
Impact hazards *Falling objects, flying particles, moving machinery*	○	○
Penetration hazards *Sharp objects, nails, splinters*	○	○
Chemical splash or exposure	○	○
Dust or airborne particles	○	○
Harmful noise above 85 dBA	○	○

	PRESENT	NOT PRESENT
Thermal hazards (heat or cold)	○	○
Electrical hazards	○	○
Radiation (optical, ionizing)	○	○
Biological hazards	○	○
Slip, trip, or fall hazards	○	○

HEAD PROTECTION

Head protection required ☐ Yes ☐ No

Hard hat type and class _____

Bump cap sufficient ☐ Yes ☐ No ☐ N/A

EYE & FACE PROTECTION

Eye protection required ☐ Yes ☐ No

	YES	NO	N/A
Safety glasses sufficient	○	○	○
Chemical splash goggles needed	○	○	○
Face shield needed	○	○	○
Welding filter shade required	○	○	○

HEARING PROTECTION

Hearing protection required ☐ Yes ☐ No

	YES	NO	N/A
Earplugs sufficient	○	○	○
Earmuffs required	○	○	○

NRR rating required _____

HAND PROTECTION

Hand protection required ☐ Yes ☐ No

Glove type selected _____

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Glove material _____

FOOT PROTECTION

Safety footwear required ☐ Yes ☐ No

	YES	NO	N/A
Steel/composite toe needed	○	○	○
Metatarsal guard needed	○	○	○
Slip-resistant soles needed	○	○	○
Chemical-resistant boots needed	○	○	○
Electrical hazard (EH) rated needed	○	○	○

BODY & RESPIRATORY PROTECTION

Protective clothing needed ☐ Yes ☐ No

Clothing type _____

Respiratory protection needed ☐ Yes ☐ No

Respirator type _____

Fit testing required ☐ Yes ☐ No ☐ N/A

CERTIFICATION

PPE training provided to affected employees ☐ Yes ☐ Scheduled

Certification statement

Assessor signature _____

Next reassessment date _____

Notes

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