

Personal Protective Equipment (Rev. 0)

	YES	N/A	LOI OBSERVED
1.	<input type="checkbox"/>	<input type="checkbox"/>	Are employees wearing hardhats and wearing them correctly?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Are employees wearing safety glasses with side shields?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Is the proper respirator being used where respiratory hazards are present?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Are employees wearing sturdy work shoes?
5.	<input type="checkbox"/>	<input type="checkbox"/>	Are employees wearing proper clothing (I.e. long pants, shirts with a 4" sleeve, clothing free of holes and tatters)?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Are metatarsal guards utilized during jack hammering or compacting soil operations?
7.	<input type="checkbox"/>	<input type="checkbox"/>	Are employees wearing hearing protection as required?
8.	<input type="checkbox"/>	<input type="checkbox"/>	Are face-shields being utilized when grinding, chipping concrete, or other activities which require face protection?
9.	<input type="checkbox"/>	<input type="checkbox"/>	Are employees wearing the correct gloves for the task? (i.e. leather/mechanical work gloves for general tasks, chemical gloves when handling chemicals, etc.)

Comments:

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Contractor: _____

P.O. Number: _____

Area/Location: _____

Project No: _____

Print Name_____
Signature_____
Date