

Date:

Complete if employees are subjected to eye, head, hand, foot, and/or dermal exposure.

I. General Policies

- | | | |
|------------------------------|-----------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Has a workplace survey been conducted to determine which PPE items are necessary? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is this survey documented? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is all the Protective Equipment maintained in a sanitary condition and ready to use? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have all employees been trained and tested on how and when to use PPE items? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are temporary or rotated shift employees, vendors and visitors advised on the use of PPE |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are the same groups required to wear PPE while in work area? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Has Material Safety Data Sheet information been surveyed for required PPE usage? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are employee training records maintained accurately and kept up to date? |

II. Use and Disposal

- | | | |
|------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are procedures in place for decontamination / disposal of PPE items? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are PPE items for reorder verified for the same level of protection when there is a change in manufacturer. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is the compatibility of replacement parts (such as respirator cartridges) also verified? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are procedures in place for cleaning up hazardous materials? |

III. Visual Protection

- | | | |
|------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are protective goggles, glasses and face shields provided and worn when there is any danger of flying particles or corrosive materials? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are approved safety glasses required to be worn when there is a risk of eye injuries, such as punctures, abrasions, contusions, or burns? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are employees who use corrective lenses required to wear approved prescription safety glasses with goggles and face shields? |

IV. Apparel

- | | | |
|------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are protective gloves, aprons, shields, or other precautions (protective cream) provided wherever there is a danger employees could be cut or exposed to corrosive, hazardous or infectious materials? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are eyewash facilities and a quick drench shower within any work area where employees are exposed to injurious corrosives? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are hard hats inspected periodically for damage to the suspension system and the shell? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are employees who work in identified areas required to wear protective footwear? |

V. Respirators and Hearing Protection

- | | | |
|------------------------------|-----------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are approved respirators provided for regular or emergency use where needed? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is protection provided against occupational noise exposure when required? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is hearing testing also provided? |