

PPE Inspection Register

Inspection Details

Inspection Date*: _____

Location / Site: _____

Inspector Name*: _____

Inspector Signature*: _____ (Sign above)

PPE Items Inspected

PPE Inspection Records:

PPE Item	PPE Type	Lot #/ID	Issue Date	Inspection Date	Condition	Action Required	Follow-up Completed	Next Inspection Due

Options for 'PPE Type': Helmet, Safety Glasses, Gloves, Hearing Protection, Respirator, Protective Clothing, Safety Boots, Other

Options for 'Condition': Good, Serviceable, Damaged, Expired, Needs Replacement

Additional Information

General Comments: _____