

# PPE Checklist for Construction Workers

Site address:

Signed:

Date:

Is Personal Protective Equipment needed at this site? Yes  No

The information in this form should be communicated to your employee. The employee should sign each section to confirm that they have understood the information contained within it. You should retain this form for your records.

## Eye & Face Protection

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Eye & Face Protection. Needed? Yes  No

Supplied by employer: Yes  No

Must be worn by employee when:

Signed by employee:

## Foot Protection

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Foot Protection. Needed? Yes  No

Supplied by employer: Yes  No

Must be worn by employee when:

Signed by employee:

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## Head Protection

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Head Protection.  
Needed?

Yes  No

Supplied by employer: Yes  No

Must be worn by employee when:

Signed by employee:

## Hearing Protection

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Hearing Protection.  
Needed?

Yes  No

Supplied by employer: Yes  No

Must be worn by employee when:

Signed by employee:

## Hand Protection

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Hand Protection.  
Needed?

Yes  No

Supplied by employer: Yes  No

Must be worn by employee when:

Signed by employee:

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## Breathing Protection

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Breathing Protection.  
Needed?

Yes

No

Supplied by employer:

Yes

No

Must be worn by employee when:

Signed by employee:

Additional comments/equipment required:

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(Please make note of all equipment that should not be removed from the premises, onsite PPE storage information and maintenance requirements to be carried out by employee, plus any additional comments)

Signed by employee to indicate understanding: