**PERSONAL PROTECTIVE EQUIPMENT CHECKLIST**

This template s intended to assist member businesses develop their own workplace checklist. The following information should be used as a guide only. Any wording changes, other than those to insert a business name, may change the context, meaning or purpose of the checklist. We recommend you receive advice from the Victorian Chamber of Commerce and Industry prior to making such changes.

Contacting the Victorian Chamber of Commerce and Industry

The Victorian Chamber’s team of experienced health, safety and wellbeing and workplace relations advisors can assist members with a range of health, safety, wellbeing, employment, human resources and industrial relations issues.

Our experienced health, safety and wellbeing and workplace relations consultants can also provide assistance to both members and non-members on a range of more complex matters for a fee-for-service. The consultants can, among other things, provide health, safety and wellbeing consulting and training to employees, conduct investigations and provide representation at proceedings at the Fair Work Commission.

For assistance or more information, please contact the Advice Line on **(03) 8662 5222.**

**Disclaimer**

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PERSONAL PROTECTIVE EQUIPMENT (PPE) CHECKLIST

PPE is personal and comments must account for each individual worker who must wear such equipment, e.g. body size for clothing; sight impairment for safety-glasses; facial hair for breathing apparatus. Note: PPE is personal protective equipment. Therefore, this equipment e.g. ear plugs, respirators, safety boots must not be shared.

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| --- | --- | --- | --- |
| **Date checklist completed:** |  | **Date for review:** |  |
| **Name of person/s completing checklist:** |  |

| **PPE Checklist** | **YES** | **NO** |
| --- | --- | --- |
| **Selection of Personal Protective Equipment [PPE]** |
| 1. Has a risk assessment been done to determine what PPE is required?
 | ❒ | ❒ |
| 1. Have other, higher order, control measures been implemented for the hazard identified (hierarchy of control) and what are they?
 | ❒ | ❒ |
| 1. Have employees/workers been consulted in the process of selecting PPE for particular tasks?
 | ❒ | ❒ |
| 1. Does the PPE fit properly and is comfortable to wear?
 | ❒ | ❒ |
| 1. Are employees/workers trained in PPE procedures, such as the fit, use and maintenance of PPE?
 | ❒ | ❒ |
| 1. Do employees/workers wear PPE in accordance with the instructions provided?
 | ❒ | ❒ |
| 1. Is the PPE stored in a clean area where it will not be damaged or exposed to contaminants?
 | ❒ | ❒ |
| 1. Is a maintenance program established for PPE and documented?
 | ❒ | ❒ |
| 1. Have medical conditions or physical characteristics of employees/workers been taken into consideration?
 | ❒ | ❒ |
| **Supervision** |
| 1. Has suitable training and resources been provided to Supervisors to enable them to ensure the proper, selection, fit, use, cleaning and maintenance of PPE?
 | ❒ | ❒ |
| 1. Are employees/workers aware of the disciplinary action to be taken if PPE procedures are not adhered to?
 | ❒ | ❒ |
| 1. Has responsibility for supervision and enforcement of the organisation’s PPE policy and procedures been allocated to a senior manager?
 | ❒ | ❒ |
| 1. Are Supervisors provided with disciplinary powers and appropriate support?
 | ❒ | ❒ |
| **Hazards Requiring PPE**  |
| 1. If there is a danger of cuts, or exposure to corrosives, chemicals or infectious materials are protective goggles, gloves, aprons or shields worn?
 | ❒ | ❒ |
| 1. Are hard hats provided where there is a risk of falling objects?
 | ❒ | ❒ |
| 1. Is footwear provided where there is a risk of foot injuries from hot or corrosive substances, crushing or penetrating objects?
 | ❒ | ❒ |
| 1. Are safety glasses, goggles provided for eye protection where there is a risk of flying objects, sparks, and filaments?
 | ❒ | ❒ |
| 1. Is respiratory protection provided in areas where there is exposure to dust, gases, chemicals
 | ❒ | ❒ |
| 1. Are other appropriate PPE provided for hot work, work near traffic, vibration, moving parts?
 | ❒ | ❒ |
| **List additional hazards and PPE identified:**  |
| **Signage** |
| 1. Are signs posted in the workplace wherever it is necessary to wear PPE?
 | ❒ | ❒ |
| 1. Is the signage in the mandatory format?
 | ❒ | ❒ |
| 1. Is PPE provided in accordance with the relevant WHS legislation and Australian Standards and stamped accordingly?
 | ❒ | ❒ |
| **Action Required:**  |
|  |
|  |
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|  |
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|  |
|  |
| **Date actions completed: :**  |  |
| **Name:**  | **Position:**  |
| **Signature:** |

**Return completed form to: [INSERT NAME/POSITION]**