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## OSHA Inspection and Safety Checklist For PPE

### Inspection Details

Report #: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Inspection Date: \_\_\_\_\_  
 Inspector Name: \_\_\_\_\_

### Vehicle Details

Vehicle # : \_\_\_\_\_  
 Vehicle Category : \_\_\_\_\_  
 Vehicle Name : \_\_\_\_\_  
 VIN #: \_\_\_\_\_  
 Meter Reading: \_\_\_\_\_  
 Model/Year: \_\_\_\_\_

### Hand Protection

SN	Inspection Item	Note	Yes	No	NA
1	Can gloves become entangled with moving machinery?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are workers protected from cuts, punctures, temperature extremes, chemical or other hazardous exposure to the hands?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Write hand protection being used.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### OSHA Inspection and Safety Checklist for PPE

SN	Inspection Item	Note	Yes	No	NA
4	Is PPE appropriate for environmental conditions? (For example, a non breathable coverall could cause heat stress in high heat conditions)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are employees wearing PPE as required by signs, labels or safety plan or procedure?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Does PPE appear to be maintained in a sanitary and reliable condition?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Do employees know what PPE to use and how to use it?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Eye and Face Protection

SN	Inspection Item	Note	Yes	No	NA
8	If face shields are used, are they appropriate for the task and hazard?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Is the inside of the eye protection frame stamped with ANSI Z87.1, indicating that it meets these requirements?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Are workers protected from hazards to the eyes and face?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Write eye and face protection being used.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Head Protection

SN	Inspection Item	Note	Yes	No	NA
12	If an electrical hazard is present, is the inside of the protective helmet/hard hat stamped with ANSI Z89.2 indicating it meets these requirement?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Is the inside of the protective helmet/hard hat stamped with ANSI Z89.1 indicating that it meets these requirements?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Are workers protected from impact of flying or falling objects to the head?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Write Head Protection being used.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Foot Protection

SN	Inspection Item	Note	Yes	No	NA
16	If walking surfaces are wet, contaminated with oil, powders or other materials that can cause a slip/trip/fall hazard, does employee footwear appear to have slip ?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Is the inside of the work shoe printed with F2413 indicating it meets these requirements?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Are workers protected from hazards to the feet?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Write foot protection being used.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Body Protection

SN	Inspection Item	Note	Yes	No	NA
20	Write Comments or Remarks here:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21	Is workers clothing situated where it can not become entangled with moving machinery?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Are workers protected from hazards to the body?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Write body protection being used.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Note	

Overall Condition: \_\_\_\_\_

Vehicle Safe to Use: \_\_\_\_\_

Maintenance Priority: \_\_\_\_\_

Deployed: \_\_\_\_\_

\_\_\_\_\_  
Signature



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