

Observation		
Are employees wearing PPE appropriate to tasks? Yes No	Is PPE worn and adjusted properly? Yes No	Is PPE maintained in good condition? Yes No

If no, describe corrective action taken:

I, _____, certify that the above location has been evaluated for potential hazards and the appropriate PPE, and that training has been performed.

Signature of Assessor _____ Date _____

PPE Criteria

*ANSI criteria for protective equipment is as follows:

Protective Equipment	Purchased after July 5, 1994			Purchased before July 5, 1994		
Eye & Face Protection	ANSI	Z87.1	1989	ANSI	Z87.1	1968
Head Protection	ANSI	Z89.1	1986	ANSI	Z89.1	1969
Foot Protection	ANSI	Z41	1991	ANSI	Z41.1	1967

*This form was taken from Arizona State Risk Management training handout for OSHA 1910.132 - Personal Protective Equipment