

Observation		
Are employees wearing PPE appropriate to tasks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is PPE worn and adjusted properly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is PPE maintained in good condition? <input type="checkbox"/> Yes <input type="checkbox"/> No

If no, describe corrective action taken:

I, _____ certify that the above location has been evaluated for potential hazards, 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 and face protection	ANSI	Z87.1	2020	ANSI	Z87.1	1968
Head protection	ANSI	Z89.1	2014	ANSI	Z89.1	1986
Foot protection	ASTM	F 2412-18a	2018	ANSI	Z41.1	1967
	ASTM	F 2413-18	2018			

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

Questions? Contact ASU Environmental Health and Safety at 480-965-1823 or email asuehs@asu.edu.

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