

Personal Protective Equipment Supervisor Monthly Self-Audit Checklist

Observation Location _____ Supervisor _____

Number of Employees Observed: _____ Date: _____

| | # Employees Wearing PPE | # Employees NOT Wearing PPE | N/A | COMMENTS |
|---|-------------------------|-----------------------------|-----|----------|
| Eye and Face Protection (Glasses) | | | | |
| Appropriate eye and face protection worn as outlined by the hazard assessment | | | | |
| Foot Protection (Shoes) | | | | |
| Appropriate shoe protection worn as outlined by the hazard assessment | | | | |
| Hand Protection (Gloves) | | | | |
| Appropriate hand protection worn as outlined by the hazard assessment | | | | |
| Respiratory Protection | | | | |
| Appropriate respirators worn as outlined by the hazard assessment | | | | |
| Head Protection | | | | |
| Hard hats worn as outlined by the hazard assessment | | | | |

| DEPARTMENT / SHOP | MONTH |
|---|---|
| <input type="checkbox"/> CARPENTER SHOP <input type="checkbox"/> CENTRAL PLANT <input type="checkbox"/> COPY CENTER <input type="checkbox"/> CUSTODIAL – CAMPUS SERVICES <input type="checkbox"/> CUSTODIAL – STUDENT HOUSING <input type="checkbox"/> DESIGN & CONSTRUCTION <input type="checkbox"/> EHS <input type="checkbox"/> ELECTRIC SHOP <input type="checkbox"/> FACULTY HOUSING <input type="checkbox"/> GROUNDS | <input type="checkbox"/> HVAC <input type="checkbox"/> LOCK SHOP <input type="checkbox"/> MAIL SERVICES <input type="checkbox"/> MOTOR POOL <input type="checkbox"/> PAINT SHOP <input type="checkbox"/> PLUMBING SHOP <input type="checkbox"/> POST OFFICE <input type="checkbox"/> ROOFER <input type="checkbox"/> SECURITY <input type="checkbox"/> SHIPPING / RECEIVING <input type="checkbox"/> TRANSPORTATION |
| | <input type="checkbox"/> JANUARY <input type="checkbox"/> FEBRUARY <input type="checkbox"/> MARCH <input type="checkbox"/> APRIL <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUGUST <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> OCTOBER <input type="checkbox"/> NOVEMBER <input type="checkbox"/> DECEMBER |