



PERSONAL PROTECTIVE EQUIPMENT (PPE) INVENTORY CHECKLIST

State Form 54578 (4-11)

INDIANA DEPARTMENT OF TRANSPORTATION

Personal protective equipment (PPE) provided to INDOT employees shall be in with the most current applicable state and federal Occupational Safety and Health Administration (OSHA) regulations General requirements. - 1910.132. The utilization of proper personal protective equipment (PPE) and appropriate work attire is required and considered a condition of employment.

Name of Employee:

District:

Sub-district:

Date of personal protective equipment (PPE) inspection:

The employee has been provided the following personal protective equipment (PPE):

- Soft Cap Hard Hat Eye protection Hearing protection Gloves
 Safety Vest Safety Shirt Protective footwear PPE gear bag
 Other: _____

(Check all items provided to the employee)

The employee's personal protective equipment (PPE) was inspected and the following items were replaced:

- Soft Cap Hard Hat Eye protection Hearing protection Gloves
 Safety Vest Safety Shirt Gear Bag
 Other: _____

(Check all that apply)

Reason for personal protective equipment (PPE) item(s) being replaced or provided:

- Missing Broken/defective Soiled beyond functional use Does not fit
 Exceeds manufacturer's product life expectancy Product utilized was non-compliant
 Other, please explain: _____

(Check all that apply)

Signature of Employee

Date (month, day, year):

Printed Name of Employee

Signature of Supervisor or their designee of Employee

Date (month, day, year):

Printed Name of Supervisor or their designee of Employee

