

Quarterly Personal Protective Equipment (PPE) Inspection/ Audit Form

This form serves as an audit of employees PPE to ensure that each employee possesses all required PPE. All PPE must be presented in person for visual inspection/audit to Account Manager or Lead Account Manager. Any missing PPE will be resupplied during the audit if available, if we are out of supply at your location an order will need to be made with the Fleet Manager for restocking.

Employee Name: _____ Employee Number: _____ Inspection Date: _____

Department Number: _____ Auditing Manager: _____

Please check the corresponding box if the employee has the following PPE in good condition:

☐ Safety Glasses ☐ Hardhat/Helmet ☐ Hearing Protection ☐ Gloves ☐ First Aid Kit (stocked) ☐ Safety Vest

Comments: _____

**Note: Form cannot be signed or turned in until employees
PPE is stocked 100%.**

I _____ (Employee's Name) hereby agree that my assigned PPE has been audited
by _____ (Auditing Manager) and is 100% stocked at this time. Furthermore, I agree to
utilize my PPE in all situations when necessary and in accordance with company policy to protect myself from
job related hazards. Should I need any PPE replenished or replaced I will notify my immediate supervisor for
assistance.

Employee Name: _____ Employee Signature: _____ Date: _____

Auditors Name: _____ Auditors Signature: _____ Date: _____

Upon completion of this form please email to Safety@protec.com

For restocking of PPE or safety supplies please **email** all requests to Bwright@protec.com