

PERSONAL PROTECTIVE EQUIPMENT & RESPIRATORY PROTECTION SAFETY INSPECTION

**Departments Reporting: Sheriff, Public Utilities, EMS,
Fire Marshal & Health**

Date:		Department:	
Name of Person Completing:			

Personal Protective Equipment (PPE)	Yes	No	N/A
1. Is protective clothing such as gloves, aprons, boots and vests provided in areas where hazards warrant their use?			
2. Is eye and/or face protection provided and used in areas where injuries may be prevented with this equipment?			
3. Are written procedures for the selection and use of personal protective equipment available?			
Respiratory Protection— Fire Marshal	Yes	No	N/A
4. Are respirators provided where necessary to protect the health of employees?			
5. Are personnel trained in the proper use and cleaning of respirators?			
6. Are respirators stored in a convenient, clean and sanitary location?			
7. Are SCBA's (Self Contained Breathing Apparatuses) thoroughly inspected and cleaned at least once a month and after each use?			
8. Are records kept of inspection dates and findings for SCBA's?			
9. Are employees assigned to positions that may require the use of respirators warned against having beards or sideburns, wearing glasses, or having facial conditions that may prevent a good face seal?			
10. Have they been fitted properly?			
Recommendations for Improvement:			