

Personal Protective Equipment [PPE] Checklist

PPE is personal and commentaries here must account for each and every individual worker who has to wear such equipment, e.g., body size for clothing; sight impairment for safety-glasses; facial hair for breathing apparatus

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|--|-----------------------|------------------------|----------|
| Date checklist completed | 15/03/23 | Date for review | 15/04/23 |
| Name of person completing checklist | MR. PRASHANT TAMBEKAR | | |

| PPE Checklist | YES | NO |
|---|-------------------------------------|--------------------------|
| Selection of Personal Protective Equipment [PPE] | | |
| 1. Has a risk assessment been done to determine what PPE is required? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Have other control measures been implemented for the hazard identified (hierarchy of control) and what are they? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Have employees/workers been consulted in the process of selecting PPE for particular tasks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the PPE fit properly and is comfortable to wear? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are employees/workers trained in PPE procedures, such as the fit, use and maintenance of PPE? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Do employees/workers wear PPE in accordance with the instructions provided? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the PPE stored in a clean area where it will not be damaged or exposed to contaminants? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is a maintenance program established for PPE and documented? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Have medical conditions or physical characteristics of employees/workers been taken into consideration? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Supervision | | |
| 10. Has suitable training and resources been provided to Supervisors to enable them to ensure the proper, selection, fit, use, cleaning and maintenance of PPE? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are employees/workers aware of the disciplinary action to be taken if PPE procedures are not adhered to? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Has responsibility for supervision and enforcement of the organisations PPE policy and procedures been allocated to a senior manager? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Are Supervisors provided disciplinary powers and appropriate support? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| PPE Checklist | YES | NO |
|--|-------------------------------------|--------------------------|
| Potential Hazards Requiring PPE | | |
| 14. If there is a danger of cuts, or exposure to corrosives, chemicals or infectious materials are protective goggles, gloves, aprons or shields worn? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Are hard hats provided where there is a risk of falling objects? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Is footwear provided where there is a risk of foot injuries from hot or corrosive substances, crushing or penetrating objects? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Are safety glasses, goggles provided for eye protection where there is a risk of flying objects, sparks, and filaments? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18. Is respiratory protection provided in areas where there is exposure to dust, gases, chemicals | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Is other appropriate PPE provided for hot work, work near traffic, vibration, moving parts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Signage | | |
| 20. Are signs posted in the workplace wherever it is necessary to wear PPE? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21. Is the signage in the mandatory format? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22. Is PPE provided in accordance with the relevant WHS legislation and Australian Standards and stamped accordingly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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| Date actions completed: 15/03/23 | |
| Name: MR. PRASHANT TAMBEKAR | Position: QUALITY ENGINEER |
| Signature: <i>(Sandip Patil)</i> | |

For



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