
	Safety Management System	Manual	Item ID
		WHS	<>
		Section	
		Safe Work Practices Tool	

PPE CHECKLIST

NAME:			
DATE CHECKED:			
	TICK <u>ONE</u> BOX BELOW FOR EACH	Complete below if item is needed to be replaced	
<u>Item Name</u>	<u>HAVE?</u>	<u>NEED?</u>	<u>If Need New - WHY?</u> (Lost / Damaged / Out of Date, etc...)
PVC Heavy Duty Gloves (Long)			
PVC Heavy Duty Apron			
Electrical Lockout Kit			
High Vis (vest etc.)			
2x Safety Bollard (Traffic Cone)			
Earplugs (5+ pairs)			
1 x Box Black Nitrile Gloves			
Hand Sanitiser			
Knee Pads			
First Aid Kit			
Heat Sleeves (Heat Resistant)			
Manual Handling Gloves			
Disposable Respirators (2+)			
Safety Glasses			
Red / White Safety Tape			
Glove Clips (2+)			
Signature:			
Please return completed form to the WH&S Officer		PPE ID <i>(Admin Use)</i>:	