

## PPE ASSESSMENT FORM

<b>Task Assessed:</b>		
<b>Number of persons carrying out task:</b>		
<b>Date of Assessment:</b>		
<b>Person completing assessment:</b>		
<b>Is the following protection required?</b>		
<b>1. Head Protection</b>	<b>Yes</b>	<b>No</b>
Protection of the head in the event of a fall.		
Protection of the head against falling objects or impact with fixed objects.		
Protection against striking fixed obstacles, scalping or entanglement.		
<b>2. Eye Protection</b>	<b>Yes</b>	<b>No</b>
Lateral protection.		
Total protection from all angles.		
Full-face protection, but not enclosing the eyes.		
<b>3. Foot Protection</b>	<b>Yes</b>	<b>No</b>
Slip resistance.		
Oil resistant.		
Shock resistant.		
Heat resistance.		
Anti-static.		
Conductive.		
Toecap reinforcement to prevent crushing.		
Midsole reinforcement to prevent penetration.		
Moulding or bonding of the sole and upper against separation.		
Waterproof.		
<b>4. Hand and Arm Protection</b>	<b>Yes</b>	<b>No</b>
Penetration and abrasion.		
Thermal protection.		
Chemical/ biological protection.		
<b>5. Hearing Protection</b>	<b>Yes</b>	<b>No</b>
Noise levels exceeding 85 dB(A).		
<b>6. Respiratory Protection</b>	<b>Yes</b>	<b>No</b>
Dusts and particulates.		
Gases and vapours.		
Asphyxiation.		
<b>7. Protective Clothing for the Body</b>	<b>Yes</b>	<b>No</b>
Low risk chemicals.		
Strong solvents, oils and greases.		
Whole-body protection against chemicals.		
Whole-body protection against vapour.		
Splash resistance.		

Fibres and dusts.		
Keeping dry.		
Keeping warm.		
Protection against specific equipment hazards.		
High visibility.		
Fall from height.		
Buoyancy.		
<b>8. Manufacture</b>	<b>Yes</b>	<b>No</b>
Is the PPE manufactured to the correct CE, CEN/BS standard?		
<b>9. Condition</b>	<b>Yes</b>	<b>No</b>
Is the PPE in good condition?		
<b>10. Storage</b>	<b>Yes</b>	<b>No</b>
Are the storage facilities for PPE satisfactory?		
<b>11. Training</b>	<b>Yes</b>	<b>No</b>
Has training on how to use PPE been provided?		
Has refresher training been provided where necessary?		

*To note: A competent person should carry out the assessment. Where an affirmative response is given then the action required should be stated below. After an action is completed, it should be signed off.*

Actions Required	Completed by & date
Review by competent person/manager	