BEFORE YOU GO ON SITE

PPE check

Name: _____ **Date:** _____

- [ ]  Hard hat - not cracked, strap and fit OK
- [ ]  Hi-vis clothing - clean and visible
- [ ]  Safety boots - sole and toe cap in good shape
- [ ]  Eye protection for dust, chips and sparks
- [ ]  Gloves suited to the job
- [ ]  Ear defenders or plugs for noisy work
- [ ]  Respirator where the task needs it