## Personal Protective Equipment (PPE) Internal review and audit



Name of person completing the audit:

Job Role:

Date of Audit:

Names and job roles of persons within the company that have been questioned during the audit:

## **Documentation and Implementation**

Is a copy of the company/site PPE procedure available on the site?

Can the company demonstrate how PPE is issued and managed by the workforce?

Do risk assessments identify the type of PPE to protect the Workers from the hazard?

Are records of training or instruction available for all employees that are required to use PPE?

Is all PPE issued by the company manufactured in accordance with the associated British/ISO/EU Standard?

If work is ongoing on site that requires PPE, is the work being undertaken safely whilst wearing the correct PPE?

Are PPE storage areas clear and tidy, and do they comply with manufacturer's instructions?

Are employees or sub-contractors aware of, and understand the company/site PPE procedure?

## **Key findings**

Provide details on the key findings of the audits including any strengths and weaknesses:

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HS-F-030

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Reference number	Description of issue that has been found	Description of the steps that need to be taken to ensure compliance with	Name and Job role of the Person responsible for	Date that the action will be complete
		company procedure	responsible for action closure	complete hv

Signed	Date
oigneu	Date