



Personal Protective Equipment (PPE) Selection Guide

General:

Work Boots	<input type="checkbox"/>	Hardhats	<input type="checkbox"/>	Gloves	<input type="checkbox"/>
Long Sleeve Shirts	<input type="checkbox"/>	Safety Glasses	<input type="checkbox"/>	Face Shield	<input type="checkbox"/>
Long Pants	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	Goggles	<input type="checkbox"/>
Other:					

Fall Protection:

Full Body Harnesses	<input type="checkbox"/>	Pavement Anchors	<input type="checkbox"/>	3' Static Lanyards (Positioning)	<input type="checkbox"/>
Retractable Lanyards	<input type="checkbox"/>	Snap Links	<input type="checkbox"/>	6' Static Lanyards (Positioning)	<input type="checkbox"/>
3' Decelerators	<input type="checkbox"/>	I-Beam Anchors	<input type="checkbox"/>	Chokers	<input type="checkbox"/>
6' Decelerators	<input type="checkbox"/>	Horizontal Rope Tracks	<input type="checkbox"/>	Rope	<input type="checkbox"/>
Other:					

Electrical:

FR Hood-Rating: Cal	<input type="checkbox"/>	Lineman's Gloves	<input type="checkbox"/>	Hot Sticks	<input type="checkbox"/>
FR Clothing- Rating Cal	<input type="checkbox"/>	Leather Gloves	<input type="checkbox"/>	LOTO Devices	<input type="checkbox"/>
FR Apron	<input type="checkbox"/>	Line Blanket	<input type="checkbox"/>	Forms: Lockout/Tagout	<input type="checkbox"/>
Hot Sticks	<input type="checkbox"/>	Shepherd's Pole	<input type="checkbox"/>		<input type="checkbox"/>
Other:					

Confined Space Entry:

Full Body Harness	<input type="checkbox"/>	Wrist-lets	<input type="checkbox"/>	Rope	<input type="checkbox"/>
Gas/Air Monitor	<input type="checkbox"/>	Anklets	<input type="checkbox"/>	Flashlight(s)	<input type="checkbox"/>
Rescue Tripod	<input type="checkbox"/>	Forced Air Ventilation	<input type="checkbox"/>	Forms: Entry Permit	<input type="checkbox"/>
Other:					

Misc:

Tyvac Suits	<input type="checkbox"/>	Leather Apron	<input type="checkbox"/>	Signage (Overhead/Danger/Etc)	<input type="checkbox"/>
Respirators	<input type="checkbox"/>	Fire Blanket	<input type="checkbox"/>	Warning/Danger Tape	<input type="checkbox"/>
Welding Hood	<input type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>		<input type="checkbox"/>
Other:					

Completed By:	Signature:	Date Completed:
Safety Director:	Signature:	Date Reviewed: