

## PPE INSPECTION ("PINS") CHECKLIST

Office of Environmental Health & Safety

Background Information			
Date: Inspector:			Building:
Department: S			School:
PI Name:			Email:
Lab Manager/Safety Officer (if applicable)			Email:
Room number(s):			
Inspection Status			
No rooms inspected; all locked.			
One or more rooms inspected, but no personnel present in any room.			
One or more rooms inspected, with personnel present in at least one room.			
Laboratory/Workshop Activity at Time of Inspection  Experimental or workshop activity occurring in one or more rooms?   Y  N			
If work is occurring, work requires:   Lab Coat   Eye Protection   Gloves   Respirator   Steel-toe shoes   Respirator   Steel-toe shoes			
Findings			
	Finding	Description	Comments [Please include room number(s)]
PERSONNEL		Personnel not wearing closed-toed, closed-heel shoes.	
		Personnel not wearing long pants.	
		Exposed skin at ankles and/or feet.	
COATS		Lab coat not worn (when required).	
		Lab coat worn is incorrect type for specific hazards.	
FACE		<u> </u>	
		Eye protection not worn (when required).	
		Eye protection worn is incorrect type for specific hazards.	
		Face shield not available for liquid N2 freezer usage.	
GLOVES		Gloves not worn (when required).	
		Personnel touching clean door handles with gloves on.	
		Incorrect glove type for specific hazards.	
		Re-use of disposable gloves.	
CONT		Inadequate contamination control (e.g., gloves worn outside lab, lab-coat in office, dirty PPE).	
F&D		Evidence of food/drink in work area.	
АОНЅ		Hair/clothing not restrained.	
		Personnel not wearing steel-toe shoes.	
		Personnel not wearing hard hats.	
ОТНЕВ		PPE compliant	
		Comments:	