Attachment **[number]**

**Electrical Personal Protective Equipment Checklist**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Part of Body** |  | **Task/Work Area** |  | **PPE** | |
| Head |  |  |  |  |  |
|  |  |  |  |  |  |
| Body |  |  |  |  |  |
|  |  |  |  |  |  |
| Eyes and Face |  |  |  |  |  |
|  |  |  |  |  |  |
| Hand |  |  |  |  |  |
|  |  |  |  |  |  |
| Foot |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |