Protective Apparel Checks

FORM 03

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Department or Inspection Method: _____ **Procedure or Inspection Interval:** _____

Inspect at the required interval and by the approved method. Identify defects, disposition, and follow-up.

Date	Apparel ID or Type	Condition or Defect Location	Action Taken	Checked By

Protective Apparel Checks

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Reviewed By: _____ **Review Date:** _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____