



## Inspection Checklist

<b>Name of Location:</b>	<b>Current Number of Employees:</b> Full Time:      Part Time:      Family Only:
<b>Name of Inspector(s):</b>	
<b>Date:</b>	

### Ranch Safety

Inspection Items	Condition (Circle one)	Corrective Action Planned	Who is Responsible	Acti on Date
<b>Personal Protective Equipment (PPE)</b>				
Hearing Protection – available	Y   N   N/A			
Hearing Protection – Condition	G   F   P			
Safety Foot Wear – Work Boots	Y   N   N/A			
Safety Foot Wear – Riding Boots	Y   N   N/A			
Safety Glasses – Available	Y   N   N/A			
Safety Glasses - Condition	G   F   P			
Chaps – Available	Y   N   N/A			
Chaps - Condition	G   F   P			
Hat – Wide Brim	Y   N   N/A			
Hat - Hard	Y   N   N/A			
Hat - Winter	Y   N   N/A			

**Other Notes:**

Please use the following **Checklist** as a guideline to building your own checklist.

