INCLUSIVE PPE FIELD FIT & COMFORT FEEDBACK FORM

Crane, Rigging & Specialized Transport Operations • Post-Issue Wear Trial & Accommodation Review (29 CFR 1926.95)

1. CREW MEMBER & WEAR-TRIAL DETAILS

Crew Member Name (Optional/Confidential): _____ **Date / Shift Length:** _____

Primary Role: ☐ Crane Operator ☐ Rigger / Signalperson ☐ Heavy Haul Driver ☐ Pilot / Escort ☐ Mechanic / Yard

Feedback Trigger: ☐ 7-Day New Gear Check ☐ 30-Day Field Review ☐ Body / Maternity / Medical Change ☐ Immediate Fit / Safety Issue

2. FIELD FIT, MOBILITY & TASK-PERFORMANCE EVALUATION

PPE Item & Size Issued	Overall Field Fit	Specific Fit, Comfort & Task Issues (Check All That Apply)	Action Needed
Head Protection Helmet / Hard Hat / Chin Strap	☐ Good Fit ☐ Needs Adjustment ☐ Unsafe / Unwearable	☐ Tilts when looking up at boom tip ☐ Pinches with hair/hijab/turban ☐ Chin strap chafes ☐ Conflicts with radio headset / eyewear	☐ Re-size / Swap Model ☐ Different Suspension ☐ No Change Needed
Eye & Face Gear Glasses / Goggles / Shield	☐ Good Fit ☐ Needs Adjustment ☐ Unsafe / Unwearable	☐ Gaps at cheeks / nose bridge ☐ Slips when sweating / bending ☐ Presses over prescription glasses ☐ Fogs / glare hurts depth perception	☐ Narrow / Low-Bridge ☐ OTG / Rx Insert ☐ No Change Needed
Hearing / Comms Plugs / Muffs / Radio Headset	☐ Good Fit ☐ Needs Adjustment ☐ Unsafe / Unwearable	☐ Earplugs too wide / hurt ear canal ☐ Muffs break seal over headwear ☐ Headband clamps temples ☐ Hard to hear crane/rigging comms	☐ Small-Diameter Plugs ☐ Slim-Cup / Gel Seals ☐ No Change Needed
Hand Protection Rigging / Driver / Cut Gloves	☐ Good Fit ☐ Needs Adjustment ☐ Unsafe / Unwearable	☐ Fingertips too long (snag risk) ☐ Palm too wide / bunches on controls ☐ Reduces joystick / shackle feel ☐ Cuff too tight or loose	☐ Issue XXS–3XL Size ☐ Change Grip / Cut Style ☐ No Change Needed
Hi-Vis & FR Apparel Vest / Jacket / Pants / Coveralls	☐ Good Fit ☐ Needs Adjustment ☐ Unsafe / Unwearable	☐ Loose fabric catches on ladders/binders ☐ Sleeves/hems too long or short ☐ Tight across chest/hips/maternity ☐ Lacks modesty / weather coverage	☐ Tailored / Women's Cut ☐ Maternity / Tall / Ext. ☐ No Change Needed
Fall Protection Full-Body Harness / SRL	☐ Good Fit ☐ Needs Adjustment ☐ Unsafe / Unwearable	☐ Chest strap presses breast tissue ☐ Leg straps pinch inner thighs/hips ☐ Torso adjustment maxed out ☐ Back D-ring sits too high or low	☐ Contoured / Women's ☐ Re-size Torso / Weight ☐ No Change Needed
Safety Footwear ASTM F2413 Boots	☐ Good Fit ☐ Needs Adjustment ☐ Unsafe / Unwearable	☐ Heel slips on crane/deck ladders ☐ Toe box pinches or rubs ☐ Sole too stiff for truck pedal feel ☐ Weak ankle/arch support on gravel	☐ True Women's/Wide Last ☐ Orthotic / Boot Swap ☐ No Change Needed
Respiratory Gear N95 / Elastomeric / PAPR	☐ Good Fit ☐ Needs Adjustment ☐ Unsafe / Unwearable	☐ Air leaks at chin/nose on narrow face ☐ Facial hair / beard breaks seal ☐ Straps tangle with hair/headwear ☐ Conflicts with safety glasses	☐ Small Facepiece Re-test ☐ Provide Loose PAPR ☐ No Change Needed

3. SPECIFIC TASK FEEDBACK & ACCOMMODATION REQUESTS

Describe any task where PPE interfered with safe operation (e.g., cab entry, rigging, chaining loads, flagging) or list requested sizing/religious/medical gear:

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4. SAFETY & SUPPLY FOLLOW-UP RESOLUTION (SUPERVISOR / QUARTERMASTER USE)

Replacement / Custom Gear Ordered: _____ **Target Delivery Date:** _____

Crew Member Signature: _____ **Safety / Fleet Supervisor Sign-Off:** _____

Retain completed form in crew safety file to document ongoing PPE fit verification and accommodation follow-through.