

**<INSERT ORGANISATION NAME> PERSONAL PROTECTIVE EQUIPMENT ISSUE AND TRAINING RECORD**

<b>Name:</b>	
<b>Employee number/reference:</b>	
<b>Department:</b>	

I confirm that I have been issued with the following items of PPE (enter type and number of sets issued):

<b>Gloves</b>		<b>Safety Helmets</b>		<b>Other (please list)</b>
<b>Gauntlets</b>		<b>Bump Caps</b>		
<b>Aprons</b>		<b>Hearing Protection</b>		
<b>Face Shield</b>		<b>Safety Footwear</b>		
<b>Safety Glasses</b>		<b>Respiratory Protective Equipment (RPE)</b>		
<b>Other Eye Protection</b>		<b>Hairnets</b>		

I also confirm that I have received training on the hazards that make it necessary for me to wear this PPE. I have been told how and when I must wear it.

I understand that I must report to my manager or supervisor if I lose my PPE or if there is anything wrong with it, or it needs replacing.

I also understand I have a legal duty to wear my PPE.

Signed (individual employee):

Date: