**Authority/Municipality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has received and demonstrated his/her

 Printed name of employee

understanding of the assigned PPE and acknowledges receipt of use and care training .

\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on: \_\_\_\_\_\_\_\_ **/ /201**

 Print: Name of instructor Date

|  |
| --- |
| **The following personal protective equipment has been assigned for use** |
| **Check applicable boxes** | **Identify specific PPE Make & ID** |
| **( ) Eye Protection** |  |
| **( ) Face Protection** |  |
| **( ) Head Protection** |  |
| **( ) Foot Protection** |  |
| **( ) Hand Protection** |  |
| **( ) Respiratory Protection** |  |
| **( ) Hearing Protection** |  |
| **( ) Type 2 Vest/ clothing** |  |
| **( ) Rain gear** |  |
| **( ) Arc-Flash gear** |  |
| **{ } Other Protection** |  |

I, the undersigned accept the PPE that my employer is providing to me. I further acknowledge that I have been instructed in how to wear and maintain it. If it is lost or damaged, I will report the same to my employer promptly for replacement.

I agree to wear the equipment when facing the exposure it is designed to protect against. I acknowledge that my failure to do so may subject me to disciplinary action.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_/\_\_\_\_\_\_\_/201\_\_\_\_\_

 Employee signature Date