

# Personal Protective Equipment Receipt and Training Certification

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
<input type="checkbox"/> Eye Protection	
<input type="checkbox"/> Face Protection	
<input type="checkbox"/> Head Protection	
<input type="checkbox"/> Foot Protection	
<input type="checkbox"/> Hand Protection	
<input type="checkbox"/> Respiratory Protection	
<input type="checkbox"/> Hearing Protection	
<input type="checkbox"/> Type 2 Vest/ clothing	
<input type="checkbox"/> Rain gear	
<input type="checkbox"/> Arc-Flash gear	
<input type="checkbox"/> 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