

Health and Safety Procedure

HSP37 Personal Protective Equipment Procedure

PERSONAL PROTECTIVE EQUIPMENT (PPE) RECORD FORM

(To be completed on receipt or on first day of employment – to be held in personnel file or PPE file).

**Statement**

I acknowledge by signing this form that the PPE provided to me fits, that I have been shown when and how to wear it, how it will be stored and looked after and that if it becomes defective/damaged in any way, I will notify my manager.

My manager has made me aware that if I fail to wear PPE when it is known to be mandatory, I may be liable to disciplinary action.

**Name of employee:**

**Role:**

**Location:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PPE item (type/brand/model/serial no.) | Date supplied | Training given (summary) | Date of training | Signature of employee | Replace date(where applicable) | Returned date (where applicable) | Issued by | Designation | Signature of issuer |
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