



PERSONAL PROTECTIVE EQUIPMENT (PPE) USE AND CARE FORM

Employee Name: _____	Employee ID No.: _____
Job Title: _____	Department: _____
Supervisor/Designated Employee's Name: _____	
<input type="checkbox"/> District <input type="checkbox"/> SCC <input type="checkbox"/> SFCC Other: _____	

The employee has been provided the following Personal Protection Equipment (PPE):

Eye/Face Protection <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Face shield <input type="checkbox"/> Welding shield <input type="checkbox"/> Dust-tight goggles <input type="checkbox"/> Welding hand shield <input type="checkbox"/> Other: _____	Hand/Arm Protection <input type="checkbox"/> Chemical resistant gloves <input type="checkbox"/> Liquid/leak resistant gloves <input type="checkbox"/> Temperature resistant gloves <input type="checkbox"/> Abrasion/cut resistant gloves <input type="checkbox"/> Slip resistant gloves <input type="checkbox"/> Protective sleeves <input type="checkbox"/> Other: _____	Body/Skin Protection <input type="checkbox"/> Vest, Jacket <input type="checkbox"/> Coveralls, Body suit <input type="checkbox"/> Raingear <input type="checkbox"/> Apron <input type="checkbox"/> Welding leathers <input type="checkbox"/> Abrasion/cut resistant clothes <input type="checkbox"/> Other: _____
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Feet/Leg Protection <input type="checkbox"/> Toe protection shoes/boots <input type="checkbox"/> Electrical protection shoes/boots <input type="checkbox"/> Puncture resistance shoes/boots <input type="checkbox"/> Anti-slip soles shoes/boots <input type="checkbox"/> Metatarsal protection shoes/boots <input type="checkbox"/> Heat/cold protection shoes/boots <input type="checkbox"/> Chemical resistant shoes/boots <input type="checkbox"/> Leggings or chaps <input type="checkbox"/> Foot-Leg guards <input type="checkbox"/> Other: _____	Head Protection <input type="checkbox"/> Protective Helmet (Type A) <input type="checkbox"/> Protective Helmet (Type B) <input type="checkbox"/> Protective Helmet (Type C) <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____	Hearing Protection <input type="checkbox"/> Ear plug <input type="checkbox"/> Ear muff <input type="checkbox"/> Other: _____
Body/Whole Protection <input type="checkbox"/> Personal Fall Arrest Systems <input type="checkbox"/> Positioning Device Systems <input type="checkbox"/> Personal Flotation Devices <input type="checkbox"/> Other: _____		Respiratory Protection <input type="checkbox"/> Surgical masks <input type="checkbox"/> N-95 <input type="checkbox"/> Half face <input type="checkbox"/> Full face <input type="checkbox"/> Powered Air Purifying Respirators <input type="checkbox"/> Other: _____

The following information on the PPE listed above was covered:

<input type="checkbox"/> When PPE is necessary	<input type="checkbox"/> PPE limitations
<input type="checkbox"/> What PPE is necessary	<input type="checkbox"/> How to put on, take off, adjust and wear PPE
<input type="checkbox"/> The proper care, maintenance, useful life and disposal of PPE and when to request new PPE.	

This is a retraining session for the same PPE provided in the past. Yes No

The PPE listed on this form has been provided to me. I understand the training I have received and I can use the PPE properly.

Employee's signature Date

The PPE listed on this form has been issued to the above named employee. They have demonstrated satisfactory understanding of the principles and use of the PPE.

Supervisor/designated employee's signature Date

Please keep a copy of this form for your records, give a copy to the employee and mail the original to Human Resources at MS 1004.

Originated: November 2017