

CCS 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 <input type="checkbox"/> Other:	

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

Eye/Face Protection

- Safety glasses
- Safety goggles
- Face shield
- Welding shield
- Dust-tight goggles
- Welding hand shield
- Other:

Hand/Arm Protection

- Chemical resistant gloves
- Liquid/leak resistant gloves
- Temperature resistant gloves
- Abrasion/cut resistant gloves
- Slip resistant gloves
- Protective sleeves
- Other:

Body/Skin Protection

- Vest, Jacket
- Coveralls, Body suit
- Raingear
- Apron
- Welding leathers
- Abrasion/cut resistant clothes
- Other:

Feet/Leg Protection

- Toe protection shoes/boots
- Electrical protection shoes/boots
- Puncture resistance shoes/boots
- Anti-slip soles shoes/boots
- Metatarsal protection shoes/boots
- Heat/cold protection shoes/boots
- Chemical resistant shoes/boots
- Leggings or chaps
- Foot-Leg guards
- Other:

Head Protection

- Protective Helmet (Type A)
- Protective Helmet (Type B)
- Protective Helmet (Type C)
- Hair net or soft cap
- Other:

Hearing Protection

- Ear plug
- Ear muff
- Other:

Body/Whole Protection

- Personal Fall Arrest Systems
- Positioning Device Systems
- Personal Flotation Devices
- Other:

Respiratory Protection

- Surgical masks
- N-95
- Half face
- Full face
- Powered Air Purifying Respirators
- 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