



PPE RECEIPT

I Confirm that I have received the following personal protective equipment (PPE) and that I have been given and clearly understand instruction, information and training in:-

- The purpose for which PPE has been provided
- The risks that it will protect against
- The correct method of use
- The responsibilities in ensuring that PPE remains in an efficient state, properly working and in good repair

I will report any defect or loss immediately

PPE issued e.g	date rec'd	qty issued
Gloves		
Boots/shoes/safety wellington		
Goggles/visors		
Glasses		
Safety Helmet(hard Hat)		
All weather clothing		
Respiratory equipment		
other - please specify below		

I understand that I am obliged to use and take reasonable care of the PPE as instructed by my Employer.

Signature of Employee/other

Date

Print Name

