

Personal Protective Equipment (PPE) Acknowledgement and Issue Form

This form is used to record the issuing of Personal Protective Equipment (PPE) to employees and to acknowledge receipt, proper training, and agreement to wear the equipment.

Employee Information

Employee Full Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Job Title / Role:	<input type="text"/>	Department:	<input type="text"/>
Supervisor Name:	<input type="text"/>	Date of Issue:	<input type="text" value="YYYY-MM-DD"/>

PPE Items Issued

The following items have been issued to the employee. Please verify receipt and fit of each item.

PPE Item Description	Manufacturer / Model / Size	Quantity Issued	Condition (e.g., New)
Safety Helmet / Hard Hat	<input type="text"/>	<input type="text"/>	<input type="text"/>
Safety Glasses / Eye Protection	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hearing Protection (Ear Defenders/Plugs)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protective Gloves (Type: _____)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Safety Boots / Protective Footwear	<input type="text"/>	<input type="text"/>	<input type="text"/>
High-Visibility Vest / Jacket	<input type="text"/>	<input type="text"/>	<input type="text"/>
Respiratory Protection (Mask/Respirator)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: <input type="text" value="Specify item"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Acknowledgement of Responsibility

By signing below, I acknowledge and agree to the following terms regarding the issued Personal Protective Equipment (PPE):

- I have received the PPE listed above in good, usable condition.
- I have received proper training on how to wear, adjust, clean, store, and maintain this equipment.
- I understand that I am required to wear this PPE at all times when performing tasks that demand its use, in accordance with company safety policy and safety regulations.
- I agree to inspect the PPE prior to each use and will report any defect, damage, or wear immediately to my supervisor to obtain a replacement.
- I understand that failure to wear required PPE may lead to disciplinary action.

Signatures

Employee Signature (for print):

Date Signed:

Supervisor/Issuer Signature (for print):

Date Signed:

