**RECORD OF ISSUE OF PPE TO WORKER FORM**

Completion of this form will enable managers/supervisors to maintain a record of PPE for individual workers. Details of training (where applicable) are also included. This form is to be kept up-to-date and retained by Manager/Supervisor for future reference.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of worker**  |       | **Job Title** |       | **Area / Department** |       |

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| --- | --- | --- | --- | --- | --- | --- |
| **Item of PPE** | **Type** | **Issue Date** | **Instruction / Training Required****Indicate Y / N and provide basic description** | **Worker Signature**(as proof of receipt and understanding of responsibility to wear, maintain and store the PPE) | **Re-Issue / replacement Date** | **Worker initials** |
| Head protection | e.g. Hard hat & wide brimmed hat |       | e.g. N |       |       |       |
| Hearing protection | e.g. Noise reducing ear muffs |       |       |       |       |       |
| Eye protection |       |       |       |       |       |       |
| Respiratory Protection  | e.g. P2 face mask |       | e.g. Y (Fitting of face mask and use of cartridges & storage) |       |       |       |
| Overalls / lab or dust coat |       |       |       |       |       |       |
| High Visibility clothing |       |       |       |       |       |       |
| Footwear  |       |       |       |       |       |       |
| Gloves |       |       |       |       |       |       |
| OTHERS:Specify       |       |       |       |       |       |       |

Workers are responsible for inspecting their own PPE before and after use; reporting any defects in their PPE; wearing PPE as instructed; and storing their PPE appropriately.