PPE Issue Record

Record PPE issued to each worker with sizes, quantities and a signature to confirm receipt and training.

Employee

Employee name *	
Job role	
Date of issue *	_____ / _____ / _____

Items issued

PPE item *	Size	Quantity *	Reason

Declaration

I confirm I have received the PPE listed, been shown how to use and maintain it, and will report any damage.

Employee signature *	
Issued by	
Issuer signature	

* Required