



PPE and Safety Shoe Issue Record Form

PPE Issued To

PPE Issued By

Issuer/s Title

Issue Date

Types of PPE Issues (Make & Model)

Safety Shoes

Gloves

Other (please specify)

Areas/Process for which PPE is Provided

.....

PPE Required for Protection Against

.....

Colleague's Acknowledgment of Receipt

I acknowledge that I have been issued with the PPE specified above, and that I have received information, instruction and training in the correct use of PPE; where and when PPE must be used, cleaning and storing PPE; requirements for maintenance and replacement of PPE.

Colleague's Name

Signature

Date

Replacements

Item Date Initials

Item Date Initials

Item Date Initials

Item Date Initials

Item Date Initials

