



Personal protective equipment register

School/workplace name: _____

Employee name: _____

Type of equipment: _____ **Brand:** _____

(eg gloves, P2 respirator)

Description: _____

Use: _____ **Storage location:** _____

Date issued: ____/____/____ **Due date for replacement:** ____/____/____

Date checked: ____/____/____	<input type="checkbox"/> Good condition <input type="checkbox"/> Replace <input type="checkbox"/> Refer to comment Comment: _____	Signed:
Date checked: ____/____/____	<input type="checkbox"/> Good Condition <input type="checkbox"/> Replace <input type="checkbox"/> Refer to comment Comment: _____	Signed:
Date checked: ____/____/____	<input type="checkbox"/> Good Condition <input type="checkbox"/> Replace <input type="checkbox"/> Refer to comment Comment: _____	Signed:

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