

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: / /
 (refer to manufacturers information)

Date Checked / /	<input type="checkbox"/> Good Condition <input type="checkbox"/> Replace <input type="checkbox"/> Refer to comment Comment:.....	Signed:
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