



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

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