

Mask

Name of Employee: Job Title/Function:

## Sample – Record of PPE Usage & Monitoring

## SAMPLE RECORD TEMPLATE - PPE USAGE

Date Received	
Items (tick):	
Safety glasses	
Gloves	
Raincoat	
Goggles	
Chical cover	

Apron
Helmets
Rubber boots
Used PPE Returned (Y/N)

Employee Signature: Supervisor Signature:

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