



# PERSONAL PROTECTION EQUIPMENT

DEALERSHIP \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

DATE \_\_\_\_\_

Received the following personal protective equipment on

Gloves	_____	
(Z87) safety glasses	_____	
Hearing Protection	_____	muffs, Qb2, plugs
Respirator	_____	Model
Filters	_____	Model
Dust Mask	_____	Model
Other	_____	

\_\_\_\_\_  
Employee name (please print)

\_\_\_\_\_  
Supervisor name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date