

Laboratory Coat and Safety Gear Acknowledgement Form

Employee Information

Full Name

Department

Position/Title

Date

Acknowledgement

I confirm that I have received and been instructed on the appropriate use, care, and return of the following laboratory safety gear:

☐ Laboratory Coat ☐ Safety Goggles ☐ Gloves ☐ Face Mask ☐ Other

If other, specify:

I acknowledge my responsibility to wear and maintain the issued safety gear as instructed and to report any loss or damage immediately.

Employee Signature

Supervisor Signature
