

Personal Protective Equipment (PPE) Assignment Form

Employee Name

Employee ID / Number

Department / Work Area

Job Title

PPE Assigned

☐ Hard Hat ☐ Safety Glasses ☐ Face Shield ☐ Gloves ☐ Ear Protection ☐ Respirator ☐ Protective

Footwear ☐ Hi-Vis Vest ☐ Coveralls

Other PPE

Comments / Special Instructions

Date Issued

Return Date

Employee Signature

Supervisor Signature