

# PPE Issue and Acknowledgment Form

Employee Name

Employee ID/No.

Department

Designation

Date of Issue

PPE Item	Quantity	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I acknowledge receipt of the above PPE items and agree to use them as per the safety guidelines and instructions provided. I shall be responsible for keeping the PPE in good condition and report any loss or damage immediately.

Employee Signature

Date

Issuer Signature

Date