## **Personal Protective Equipment Usage Log**

Date							
	Na						
Employ	ee Name						
Department / Job Location							
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PPE Ty	/pe						
Quantity	y Issued						
Quartity	y looueu						
PPE Condition (e.g., New, Good, Damaged)							
	D						
Issued By							
Comments							
	Employee	Department / Job	PPE	Quantity	PPE	Issued	
Date	Name	Location	Type	Issued	Condition	Ву	Comments