SSD-015

EMPLOYEE PPE ISSUANCE & ACKNOWLEDGEMENT FORM

Issue suitable PPE. Confirm training and responsibilities. Maintain clear replacement records.

2 Project Information		**PPE Issue Record No.**	
Project / Jobsite Location		**7 Date of Issue**	
1 Company Information		**Employee Shift**	☐ Day ☐ Night ☐ Other: _____
5 Job Title		**6 Department**	
3 Employee Information		**4 Employee ID (Optional)**	

1–7 Company, Project, and Employee Information

Complete all identification and issue details.

8 Required PPE for Job Assignment	PPE Selection / Special Requirements
☐ Head protection	☐ Fall protection
☐ Eye / face protection	☐ Respiratory protection
☐ Hearing protection	☐ Arc-rated / flame-resistant clothing
☐ Hand protection	☐ Chemical-resistant clothing
☐ Foot protection	☐ Welding / cutting protection
☐ High-visibility apparel	☐ Personal flotation device
	☐ Other: _____
	☐ Other: _____

8 Required PPE for Job Assignment

Confirm PPE selection is based on applicable hazard assessment and work requirements.

VERIFY	Hazard assessment	PPE selection	Fit / sizing	Compatibility	Training
DOCUMENT	Issue record	Manufacturer info	Fit-test record	Medical clearance	Other requirement

Issue condition: NEW SERVICEABLE REISSUED REPLACEMENT

Issue rule: PPE must be suitable, properly fitted, compatible, inspected, and accompanied by required training. Defective, unsuitable, or contaminated PPE must not be issued or used. Applicable requirements take precedence.

8 PPE Issuance Table *Use one row for each issued, replaced, or returned PPE item.*

#	ITEM	DESCRIPTION / SIZE	MANUFACTURER / MODEL-PART NUMBER	QUANTITY	CONDITION AT ISSUE	EMPLOYEE INITIALS
1						
2						
3						
4						
5						
6						
7						

Condition Key: N = New S = Serviceable R = Reissued X = Replacement

PPE reminder: PPE is selected after higher-level controls are considered. Verify fit, compatibility, limitations, inspection, cleaning, storage, replacement criteria, and any medical evaluation or fit testing required for specialized PPE.

9–12 Training, Inspection, Maintenance, and Replacement

9 Employee Training Verification	10 Inspection and Maintenance Responsibilities | 11 Replacement Procedure
☐ Purpose and protection explained	☐ Inspect before each use
☐ Limitations explained	☐ Remove defective PPE from service
☐ Proper donning / doffing demonstrated	☐ Clean / disinfect as instructed
☐ Fit / adjustment verified	☐ Store to prevent damage / contamination
☐ Compatibility reviewed	☐ Do not modify PPE
☐ Inspection criteria reviewed	☐ Observe service life / expiration
☐ Cleaning / storage reviewed	☐ Follow manufacturer instructions
☐ Replacement criteria reviewed	☐ Report fit / compatibility problems
☐ Employee demonstrated understanding	☐ Return employer-owned PPE as required
Trainer: _____	Employee questions: _____
Training date: _____	Supervisor notes: _____
Follow-up training: _____	Verification initials: _____
☐ Other: _____	☐ Other: _____

13 Lost or Damaged PPE Reporting

13 Lost or Damaged PPE Reporting Contact		**Replacement / Issue Location**	
Employee Report Date / Time		**Lost / Damaged Item**	
Immediate Replacement Required?	☐ No ☐ Yes - item / record: _____	**Work Restricted Until Replacement?**	☐ No ☐ Yes - details: _____
Replacement Issued By		**Reporting Method / Reference**	☐ Radio ☐ Phone ☐ Verbal ☐ Other: _____

Issue Documentation Checklist

☐ Hazard assessment / PPE matrix	☐ Manufacturer instructions	☐ Training verification	☐ Fit-test / medical clearance if required
☐ Issue / replacement receipt	☐ Return / disposal record	☐ Employee questions resolved	☐ Other: _____

PPE Change / Replacement Notice

Stop affected work and notify the supervisor when required PPE is missing, damaged, contaminated, expired, improperly fitted, incompatible,

or otherwise unsuitable. Do not modify PPE unless permitted by the manufacturer. Reassess selection when hazards, tasks, materials, or conditions change, and document replacement or additional training before work resumes.

PPE Exchange / Replacement No.		**Date / Time**	
Item / Reason / Condition / Disposition		**Issued / Approved By**	

14–17 Acknowledgement and Signatures *Signatures document issuance and understanding; they do not waive employee rights.*

ACKNOWLEDGEMENT / SIGNATURE	PRINTED NAME	SIGNATURE	DATE
14 Employee Acknowledgement			
15 Issuing Supervisor Signature			
16 Employee Signature			
Additional Approval (if required)			

PPE Issue / Return Continuation: Use additional lines for later issuance, exchange, return, or replacement.

I acknowledge receipt of the listed PPE and training on its purpose, limitations, inspection, use, care, storage, maintenance, and replacement. I will use required PPE, inspect it before use, report loss or damage promptly, and return employer-owned PPE as required.

PPE ITEM / TRANSACTION	ISSUED / RECEIVED BY	QUANTITY / CONDITION	DATE / RETURNED

14 Employee Acknowledgement | 15–17 Signatures and Date | 18 Record Retention

Issue / Acknowledgement Status	☐ Complete ☐ Follow-up required	**Date / Time**	
Replacement / Return Status	☐ None ☐ Open - reference: _____	**Supervisor / Employee Comments**	
18 Record Retention Location / Period		**Record Filed / Retained By**	

IMPORTANT: This form documents PPE issuance and acknowledgment but does not replace hazard assessment, required training, medical evaluation, fit testing, manufacturer instructions, inspection, maintenance, or regulatory duties. The employer remains responsible for appropriate PPE selection, condition, replacement, supervision, and secure record retention.