

Training Verification

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Instructions: Inform each employee whose job responsibilities and actions necessitate the use of PPE to ensure safe working conditions at a given location. Identify potential hazards associated with this job under the Source and Hazard columns. Select the appropriate, properly fitting PPE needed to prevent injury from each potential hazard. Document selection under the PPE column. Instruct the employee on donning, doffing, limitations, proper use and maintenance of the protective equipment. A chart is provided on the back for identifying hazards and selecting eye and face protection.

Please note: Respiratory and back safety hazards should be assessed where and whenever necessary. This form may be used to assess and document these hazards as well. Do not assign respirators without following your department's policy or OSHA regulations.

Department _____

Location(s) _____

Source	Y	Hazard	*Affected body part	PPE
Impact				
Puncture				
Compression				
Chemical (liquid, gas, or solid)				
Heat (burns, shock or stroke)				
Harmful dust				
Lighting				
Radiation				
Other:				

*Affected body parts may include, but are not necessarily limited to: head, eyes, face, arms, hands/fingers, legs, feet/toes, back, lungs.

By signing below, I certify that training on the proper use of PPE has been conducted in regards to a specific location. I understand that retraining may be necessary in the future if the functions of this position change, or as the employer deems necessary.

Name of Employee _____

Signature of Employee _____

Date _____

Name of Assessor _____

Signature of Assessor _____

Date _____