

ACKNOWLEDGEMENT OF PPE TRAINING

Employee's Name: \_\_\_\_\_

Date(s) of Training: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

PPE(s) Involved in Training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to certify that I have received instruction and/or training on the above-named PPE(s) I will be using and that I understand the following:

**Employee  
Initial**

- [    ]     the reason for the need of the PPE
- [    ]     the nature, extent, and effects of hazards to which I may be exposed while performing my job
- [    ]     the proper way to wear the PPE
- [    ]     the explanation for the capabilities and limitations of the PPE
- [    ]     the proper way to store and/or maintain the PPE
- [    ]     the expected life of the PPE
- [    ]     the instructions given for signs of damage and/or indications of malfunction of the respirator
- [    ]     the proper way to dispose of the PPE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date