



Personal Protective Equipment (PPE) Issue Form

RECIPIENT: _____ **UNIT:** _____

TYPE OF PPE: _____

NOTE: All PPE must comply with the current approved performance specification for that type of equipment e.g. BS, EN standard. As of the 1st of July 1995 all PPE must be CE marked in accordance with the EC directive 89/686/EEC. The selection of all PPE must also be in compliance with the requirements of the Safety, Health and Welfare at Work (General Application) Regulations, 2007 – Part 2 Chapter 3.

Footwear:

- | | |
|-----------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Puncture Proof | <input type="checkbox"/> Heels/Wedges |
| <input type="checkbox"/> Steel Capped | <input type="checkbox"/> Waterproof(Wellingtons) |

Helmets:

- Industrial Safety Helmet

Eye/Face Protection:

- | | | |
|----------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Glasses | <input type="checkbox"/> Visor |
|----------------------------------|----------------------------------|--------------------------------|

Respiratory Protective Equipment (RPE):

- | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Full face mask | <input type="checkbox"/> Half/Quarter mask |
| <input type="checkbox"/> Gas filter/combined filter | <input type="checkbox"/> Particle filter |
| <input type="checkbox"/> Filtering half mask
(gases/gases & particles) | <input type="checkbox"/> Filtering half mask
(particulate) |

Hearing Protection:

- Machinery Noise.

Body, Arm and Hand Protection:

- | | |
|-----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Fire Resistance clothing |
| <input type="checkbox"/> Leather Apron | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Water Proof Clothing | <input type="checkbox"/> Reflective Clothing |
| <input type="checkbox"/> Safety Harnesses. | |

APPLICATION FOR WHICH PPE IS REQUIRED:

- | | |
|----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Building work | <input type="checkbox"/> Welding |
| <input type="checkbox"/> High level work | <input type="checkbox"/> Chemical Handling |
| <input type="checkbox"/> Manual handling | <input type="checkbox"/> Glass Handling |
| <input type="checkbox"/> External work | <input type="checkbox"/> Overhead/falling hazard |
| <input type="checkbox"/> Painting Operations | <input type="checkbox"/> Solvent use |
| <input type="checkbox"/> Dusts | <input type="checkbox"/> Chemical |
| <input type="checkbox"/> Impact: Grade 1. | <input type="checkbox"/> Impact: Grade 2 |
| <input type="checkbox"/> Molten Metal | <input type="checkbox"/> Security |
| <input type="checkbox"/> Night Work | <input type="checkbox"/> Road Work |
| <input type="checkbox"/> Emergencies | <input type="checkbox"/> Glare/IR (Welding) |

TRAINING REQUIREMENT:

- | | | |
|--------------------------------------|-----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> General use | <input type="checkbox"/> Fitting | |
| <input type="checkbox"/> Operation | <input type="checkbox"/> Maintenance/Cleaning | <input type="checkbox"/> Not applicable |

Training to be provided by: _____

Maintenance to be carried out by: _____

SIGNATURE OF RECIPIENT : _____ **DATE:** _____

PERSON RESPONSIBLE FOR REPLACEMENT: _____