Personal Protective Equipment Issue Register

Initials and surname of recipient, employee number	Date of issue	Overall / one and two piece	Safety shoe /safety boot	Gum boots	Gloves/leather/ PVC	Dust masks	Single/double cartridge respirator	Full face mask	Welders mask	Gas welding/grinding	Ear plugs/ earmuffs	Safety belt/harness	Welders apron	Hardhat	Reflector vest	Rain coats	Other	Signature of recipient of the PPE

Person Responsible for issuing PPE:_____

Year of PPE issue Register:_____