



## P.P.E. RECEIVAL FORM

**Project Title** \_\_\_\_\_

**Job Number** \_\_\_\_\_

Operatives Name	Harness	Hard Hat	Boots	Overalls	Safety Goggles	Visibility Vests	Dust Mask

I acknowledge receipt of and agree to wear the personal protective equipment (PPE) issued. I also agree to report if equipment to my Supervisor. I understand that failure to wear the PPE once it has been issued shall lead to discipline. A cost can or may be levied against any individual who repeatedly misplaces, misuses or returns in a defective state.

**DATE:** \_\_\_\_\_

Gloves	Ear Defender	Others	Operative Signature

ee to report immediatley any loss or damage to this  
nary action being taken against me  
defective state any issued PPE.