**Personal Protective Equipment**

**Employee Training Certification**

##### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Protective Equipment Required for the Employee's Job** *(list all)*:

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

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

* Reviewed the PPE Hazard Assessment with the employee and the PPE requirements
* Provided the employee with the required PPE for their job and job tasks *(or where to obtain PPE)*
* Educated the employee on the following:
  + When PPE is necessary
  + What PPE is required
  + How to properly don, doff and adjust the PPE
  + How to wear the PPE properly
* Discussed the limitations of the PPE
* Explained the proper care, maintenance, useful life and disposal of PPE
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has demonstrated an understanding of the training requirements specified above.

(Employee name)

**I verify that the employee was trained on the PPE requirements to be used for their job.**

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

(Trainer signature)

*Additional training will be provided if the employee demonstrates a lack of understanding or skill required during routine observations, changes in the workplace, changes in the types of PPE required or inadequacies in the employee's knowledge or use of assigned PPE.*