**PPE REGISTER WORKER**

Completion of this form will enable managers/supervisors to maintain a record of PPE for individual workers. Details of training (where applicable) are also included. This form is to be kept up-to-date and retained by Manager/Supervisor for future reference.

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| --- | --- | --- | --- | --- | --- |
| **Name of employee**  | Joe Bloggs | **Job Title** | Grounds & Maintenance | **Person issuing** | Jim Bloggs |

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| **Item of PPE** | **Type** | **Issue Date** | **Instruction/Training Required Y/N** | **Worker Signature** (as proof of receipt and understanding of responsibility to wear, maintain and store the PPE) | **Re-Issue Dates** |
| Head protection | Hard hat & wide brimmed hat | 1/1/18 | N |  |  |  |
| Hearing protection | Noise reducing ear muffs | 1/1/18 | N |  |  |  |
| Eye protection | Safety glasses | 1/1/18 | N |  |  |  |
| Respiratory Protection  | P2 face mask | 1/1/18 | Y (Fitting of face mask and use of cartridges & storage)  |  |  |  |
| Overalls/lab or dust coat | N/A |  | N/A |  |  |  |
| High Visibility clothing | Shirt, trousers, high viz. vest | 1/1/18 | N |  |  |  |
| Footwear | Safety shoes | 1/1/18 | N |  |  |  |
| Gloves | Gardening gloves | 1/1/18 | N |  |  |  |
| Safety Harness | LINQ Essential Harness | 1/1/18 | Y (Working at Heights training & storage) |  |  |  |

Workers are responsible for inspecting their own PPE before and after use; reporting any defects in their PPE; wearing PPE as instructed; and storing their PPE appropriately.