

**Personal Protective Equipment (PPE) Issue Register**

Employee Name: \_\_\_\_\_ Employee No. \_\_\_\_\_

Department: \_\_\_\_\_ Site Location: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

PPE Item	Date of Issue/Replacement	Signature of Recipient *

\* The signature indicates confirmation that the employee has received the listed PPE with appropriate instructions and training in its correct use.