



# PPE Hazard Assessment Review

Attendance Sheet

Supervisor Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Training Outline:

- Description of Hazards
- Type of Personal Protective Equipment (PPE) required
- When PPE will be used and storage requirements
- Caring for PPE and how to obtain replacement

Employee Name	Job Title	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

This is to certify that the persons above have received the information contained on the PPE Hazard Assessment form for their job and are aware of the PPE requirements.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Supervisor's Job Title

\_\_\_\_\_  
Date