



PERSONAL PROTECTIVE EQUIPMENT (PPE) TRAINING RECORD AND CERTIFICATION

Facility:	Worksite/task:	
Personal Protective Equipment (PPE):		
Instructor:	Signature:	Date:

The undersigned certifies that training was received for the above type(s) of Personal Protective Equipment (PPE). The undersigned certifies an understanding of: what PPE is necessary; when it is necessary; how to put on, remove, adjust, and wear the PPE; its limitations; its proper care, maintenance, use, useful life, and disposal. The undersigned was also afforded an opportunity to demonstrate the proper use of this PPE.

NAME (Last, First, MI)	SIGNATURE	TRAINING DATE	INCARCERATED INDIVIDUAL # (If applicable)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL**-Work Unit Supervisor