

## PLYMOUTH COMMUNITY SCHOOL CORPORATION

ACKNOWLEDGEMENT OF PPE TRAINING

Employee's Name: \_\_\_\_\_

Date(s) of Training: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

PPE(s) Involved in Training:

This is to certify that I have received instruction and/or training on the above-named PPE(s) I will be using and I understand the following:

**Employee****Initial**

- the reason for the need of PPE
- the nature, extent, and effects of hazards to which I may be exposed while performing my job
- the proper way to wear the PPE
- the explanation for the capabilities and limitations of the PPE
- the proper way to store and/or maintain the PPE
- the expected life of the PPE
- the instructions given for signs of damage and/or indications of malfunction of the respirator
- the proper way to dispose of the PPE

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date