**Personal Protective Equipment**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Received** | **Eye Protection** | **Ear Plugs or**  **Ear Muffs** | **Gloves** | **Feet** | **Apron** | **Respirator** | **Hi-Vis clothing** | **Hard Hat** | **Fall Protection** | **Other** |
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**Employee Name: Client Assigned/Position:**

This certifies that the above name employee has received the noted Personal Protective Equipment .

Signature of Supervisor: Date: