

Personal Protective Equipment Training Certification Form

Employee's Name: _____ Employee ID No. _____

Job Title/Work area: _____

Employer: _____

Trainer's Name (person completing this form): _____

Date of Training: _____

Types of PPE employee is being trained to use:

_____	_____
_____	_____
_____	_____

The following information and training on the personal protective equipment (PPE) listed above were covered in the training session:

_____ The limitations of personal protective equipment: PPE alone cannot protect the employee from on-the-job hazards.

_____ What work place hazards the employee faces, the types of personal protective equipment that the employee must use to be protected from these hazards, and how the PPE will protect the employee while doing his/her tasks.

_____ When the employee must wear or use the personal protective equipment.

_____ How to use the personal protective equipment properly on-the-job, including putting it on, taking it off, and wearing and adjusting it (if applicable) for a comfortable and effective fit.

_____ How to properly care for and maintain the personal protective equipment: look for signs of wear, clean and disinfect, and dispose of PPE.

Note to employee: *This form will be made a part of your personal file. Please read and understand its contents before signing.*

(Employee) I understand the training I have received, and I can use PPE properly.

Employee's signature

Date

(Trainer must check off)

_____ Employee has shown an understanding of the training.

_____ Employee has shown the ability to use the PPE properly.

Trainer's signature

Date