

Template PPE Request Form

[Company Logo]

Employee Information:

Name: _____

Department: _____

Job Title: _____

Date: _____

PPE Requested

Eye and Face Protection

Safety glasses with side shields or goggles

•

Face shields for high-impact or chemical hazards

•

Welding helmets or hand-held face shields for welding, cutting, or brazing	•
Head Protection	
Hard hats for protection against falling objects, electrical hazards, or head injuries from bumping into fixed objects	•
Hearing Protection	
Earplugs or earmuffs for high-noise environments	•
Respiratory Protection	
Respirators for protection against airborne contaminants, such as dust, fumes, or vapors	•
Respirators must be properly selected, fitted, and maintained	•
Hand Protection	
Gloves for protection against cuts, abrasions, punctures, or chemical hazards	•
Gloves must be properly selected for the specific hazard and job task	•
Foot Protection	

Safety shoes or boots with toe protection and slip-resistant soles	•
Metatarsal guards for protection against falling objects or crushing hazards	•
Body Protection	
Protective clothing, such as aprons, coveralls, or vests, for protection against chemical hazards or extreme temperatures	•
Fall protection equipment, such as harnesses and lanyards, for working at heights	•
Reason for Request: (Please describe the specific job task or hazard requiring PPE)	
I have received training on the proper use and care of the requested PPE and understand that failure to use the equipment properly may result in injury.	
Employee Signature: _____	
Supervisor Approval:	
I approve the above PPE request and verify that the employee has received training on the proper use and care of the requested equipment.	
Supervisor Signature: _____	