

Personal Protective Equipment Training Certification

I, _____, hereby certify that on _____, I received training concerning Personal Protective Equipment. I received information and I fully understand when PPE is necessary, what PPE is necessary, how to properly put on, take off, adjust, and wear PPE, the limitations of PPE, and the proper care, maintenance, useful life and disposal of PPE.

EMPLOYEE
NAME

DATE
EMPLOYED

DEPT.

Employee Signature

Program Coordinator

Class Instructor