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Environmental Health & Safety & Insurance

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Personal Protective Equipment Form

To be used for identification of individual employee's Personal Protective Equipment needed for each task performed. Copies are to be forwarded to the Department of Environmental Health and Safety **Biosafety/Exposure Control Officer**.

Employee's Name _____
I.D. # _____
Job title: _____
Tasks performed: _____
_____
_____

Required Personal Protective Equipment:

___ Sterile medical gloves
___ Work/Utility gloves
___ Eye protection
____ Other: _____
_____
___ Lab coat or apron
___ Mask

Signature: _____

Title: _____

Date: _____