



## RECEIPT FOR PERSONAL PROTECTIVE EQUIPMENT

Employee Name: \_\_\_\_\_ Department \_\_\_\_\_

**On the date below, I received the Personal Protective Equipment (PPE) listed in the quantities indicated.**

EQUIPMENT TYPE	COST	SIZE	QUANTITY ISSUED	COMMENTS
Hard Hat, ea	\$6.00	N/A		
Bump Cap, ea	\$4.00	N/A		
Visitor Safety Glasses, pr	\$2.00	N/A		
Clear Safety Glasses, pr	\$6.00	N/A		
Tinted Safety Glasses, pr	\$8.00	N/A		
Eyeglass Lanyards, ea	\$1.00	N/A		
Splash Proof Goggles, ea	\$2.00	N/A		
Full Face Shield, ea	\$13.00	N/A		
Neoprene Gloves, pr	\$3.00	N/A		
Cotton Gloves, pr	\$1.00	N/A		
Welding Gloves, pr	\$4.00	N/A		
Drivers Gloves, pr	\$5.00			
Puncture Proof Gloves, pr	\$18.00			
Ankle High PVC Boots, pr	\$10.00			
Rubber Coated Apron, ea	\$8.00	N/A		

**I certify that I have been properly trained in the selection, use, care and maintenance of the PPE that I am being issued. I also understand that:** 1.) This equipment is for my personal use while on the job as an employee of TU and that it will be stored on campus at all times, and; 2.) It is my responsibility to wear the equipment properly and to inspect and maintain my PPE in accordance with the manufacturer's recommendations, and; 3.) I am responsible for immediately notifying Environmental Health & Safety (410-296-7593) to replace any lost, stolen, damaged or worn PPE, and; 4.) I am responsible for immediately notifying my Supervisor of any new job hazards which may require a hazard assessment and/or additional PPE, and; 5.) I am financially liable for any of my PPE that is lost or stolen.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_