



Personal Protective Equipment (PPE) Training Record

Employee Name:	
Position:	
School/Department:	
Reason for PPE / Student's Name:	

PPE Required:

Subject of Certification	Check All that Apply
Foot Protection	
Eye/Face Protection	
Head Protection	
Hand Protection	

Subject of Certification	Check All that Apply
Torso/Arm/Leg Protection	
Hearing Protection	
Blood/Body Fluid Barriers	
Other (Please Specify):	

PPE Issued:

Forearm Protectors

Contents of Training

At a minimum, the following information must be communicated to each employee using any or all of the protection listed above.	Completed
1. When Personal Protective Equipment is necessary.	
2. What Personal Protective Equipment is necessary.	
3. How to put on/off, adjust and wear Personal Protective Equipment.	
4. The limitations of Personal Protective Equipment.	
5. The proper care, maintenance, useful life and disposal of PPE: <ul style="list-style-type: none"> • Board-issued PPE will be inspected at the time of issue and before each use by the employee. • All PPE used by the Board will be maintained in accordance with the manufacturer's instructions and requirements. • All PPE that is damaged, or in need of service or repair, will be removed from service immediately. • No piece of PPE will be modified or changed contrary to the manufacturer's instructions or specifications or Occupational Health and Safety legislation 	

Declaration

Trainer

I have instructed the employee named herein, and believe that he or she has a reasonable understanding of the information, and the ability to operate the aforementioned equipment in a safe manner. I have provided all pertinent information herein both in truth and in good faith.

Training to wear above-mentioned PPE is in accordance with **O. Reg 420/10 s. 79**, of the Occupational Health and Safety Act, which states “a worker required to wear or use any protective clothing, equipment or device shall be instructed and trained in its care and use before wearing or using the protective clothing, equipment or device.”

Trainer Name: _____

Position: _____

Trainer Signature: _____

Date: _____

Employee

I have received a copy of, read, and understood the safe operating procedures for the aforementioned equipment. I have received proper training in the safe operation of the aforementioned equipment and feel that I am fully capable of the safe operation of said equipment.

I understand that the PPE I have been assigned has been issued in accordance with **section 27(1)(b)** of the **Occupational Health & Safety Act**, which states “supervisors are required to ensure that any equipment, protective device, or clothing required by the employer is used or worn by the worker”. Therefore, I understand that as I have been issued the PPE outlined above, I have the responsibility to use or wear this PPE when the duties of my position require it.

Employee Name: _____

Employee Signature: _____

Date: _____