

Woodridge Local School District

ACKNOWLEDGEMENT OF PPE TRAINING

Employee's Name: _____

Date(s) of Training: _____

Instructor's Name: _____

PPE(s) Involved in Training:

This is to certify that I have received instruction and/or training on the above-named PPE(s) I will be using and that I understand the following:

**Employee
Initial**

- [] the reason for the need of the PPE
- [] the nature, extent, and effects of hazards to which I may be exposed while performing my job
- [] the proper way to wear the PPE
- [] the explanation for the capabilities and limitations of the PPE
- [] the proper way to store and/or maintain the PPE
- [] the expected life of the PPE
- [] the instructions given for signs of damage and/or indications of malfunction of the respirator
- [] the proper way to dispose of the PPE

Signature

Date