|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PPE Name** | **Type** | **Manufacturer / Supplier** | **Suitable Position** | **Medical Evaluation** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Reviewed Status ( Monthly) | | | | | | | |
| No | Reviewed Date | Reviewed by : Name | Signature | No | Reviewed Date | Reviewed by : Name | Signature |
| 01 |  |  |  | 07 |  |  |  |
| 02 |  |  |  | 08 |  |  |  |
| 03 |  |  |  | 09 |  |  |  |
| 04 |  |  |  | 10 |  |  |  |
| 05 |  |  |  | 11 |  |  |  |
| 06 |  |  |  | 12 |  |  |  |