Format No.:

Employee are agree for the used of safety equipment provided by company for All safety equipment's responsibility, in case of the damage or broken due unnatural ways that employee will bear all amount of restoration.

Name of Employe	e:		
Department:		Location:	
Unit:	Employee Code:		

State that I have received following safety equipment from company (Tick Mark on received equipment):

Safety Shoes		
Safety glass for welding		
Safety glass (Black)		
Safety helmet for confined space		
Safety hear plug		
Shot Proof Glows		
Safety gum Shoes		
Safety Glass general		
Safety Helmet (White/ Yellow)		
Safety Belt		
Common Glows		

Employee Note:

I will be responsible, if unnatural damage of the safety equipment, all the amount / restoration expenses are bear by self, I promise you & understand to take care of the safety equipment which provided for safety purpose by company.

Employee Signature:_____

Safety Department Head Signature:_____