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# Personal Protective Equipment (PPE)

## Acknowledgement letter

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I, \_\_\_\_\_ acknowledge the receipt & proper training on the use of the personal protective equipment (PPE) allocated to me. I agree to compensate if the personal protective equipment is lost / not returned as and when required.

I understand personal protective equipment (PPE) use, maintain and return back policy and agree to tolerate by the policy for wearing PPE as and when required at workplace.

Please Check (Tick mark) Personal Protective equipment Applicable

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Safety Helmet     | <input type="checkbox"/> Safety Goggles   | <input type="checkbox"/> Safety Belt     |
| <input type="checkbox"/> Eye Protection               | <input type="checkbox"/> Air Plug         | <input type="checkbox"/> Safety Shoes    |
| <input type="checkbox"/> Respirator                   | <input type="checkbox"/> Welding Supplies | <input type="checkbox"/> Special Goggles |
| <input type="checkbox"/> Electric Proof – Wearing Set | <input type="checkbox"/> Other _____      |  |

Department Head Note

| Employee Signature | Department Head Signature | Representative Signature |
|--------------------|---------------------------|--------------------------|
|                    |                           |                          |