



# PPE Training Certification Form

Employee's name: \_\_\_\_\_

Job title/work area: \_\_\_\_\_

Employer: \_\_\_\_\_

Trainer's name: \_\_\_\_\_  
(person completing this form)

Date of training: \_\_\_\_\_

Types of PPE employee is being trained to use (List all PPE used):

- |  |   |
|--|---|
| <input type="checkbox"/> Head Protection       | <input type="checkbox"/> Footwear       |
| <input type="checkbox"/> Hearing Protection    | <input type="checkbox"/> Safety Glasses |
| <input type="checkbox"/> Eye & Face Protection | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Gloves & Hand Wear    |   |

The following information and training on the personal protective equipment (PPE) listed above were covered in the training session (initial next to each one):

\_\_\_\_\_ The limitations of personal protective equipment: PPE alone cannot protect the employee from on-the-job hazards.

\_\_\_\_\_ What workplace hazards the employee faces, the types of personal protective equipment that the employee must use to be protected from these hazards, and how the PPE will protect the employee while doing his/her tasks.

\_\_\_\_\_ When the employee must wear or use the personal protective equipment.

\_\_\_\_\_ How to use the personal protective equipment properly on-the-job, including putting it on, taking it off, and wearing and adjusting it (if applicable) for a comfortable and effective fit.

\_\_\_\_\_ How to properly care for and maintain the personal protective equipment: look for signs of wear, clean and disinfect, and dispose of PPE.

**Note to employee: This form will be made a part of your personal file.  
Please read and understand its contents before signing.**

## **Employee**

I understand the training I have received, and I can use PPE properly.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

## **Trainer** must initial:

\_\_\_\_\_ Employee has shown an understanding of the training.

\_\_\_\_\_ Employee has shown the ability to use the PPE properly.

\_\_\_\_\_  
Trainer's signature

\_\_\_\_\_  
Date