

GB15 Personal protective equipment register

Company name				Project title				
Location				Contract no.				
Employee name				Employee no.				
Department				Position				
Employment start date				Special requirements				
Description of PPE <i>(for example, eye protection or hand protection)</i>	Type of PPE <i>(for example, grade or protection factor)</i>	Date of issue	Recipient signature	Special requirements <i>(for example, fit testing)</i>	Training given <i>(for example, inspection, use, storage or cleaning)</i>	Reissue date		
Name			Position			Signature		