Compass UK & Ireland

Workplace Safety Management System

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| **ES06a** | **PPE Record of Issue Form** |
| **Unit Name** |  | **Unit Number** |  |
| **Employee Name** |  |
| **Job Title** |  | **Date of Issue** |  |

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| **Parts of the body protected** | **Types of suitable PPE to consider** | **PPE issued***(Write in here the type and quantity of PPE items issued to the employee)* |
| **PPE** | **Qty** |
| Eyes and Face | *Safety spectacles, goggles, face visors or facemasks* to protect against chemicals, dust, projectiles and hazardous vapours. |  |  |
| Hearing | *Ear plugs or ear defenders* to protectagainst hearing loss from damaging noise levels. |  |  |
| Head and/or neck | *Hard hats or bump caps* to protect against falling or flying objects and head bumping; hairnets to prevent hair entanglement. |  |  |
| Breathing | *Facemasks, respirators or breathing apparatus* to protect against dust, vapours, gas and oxygen deficient atmospheres |  |  |
| Whole body / trunk area | *Overalls, aprons, stab vests, high-visibility clothing, waterproof coats, thermal clothing* to protect against the effects of adverse weather or temperature extremes, chemicalsplashes, hot substances, assault (stab wounds or blows from a weapon) etc. |  |  |
| Hands and/or arms | *Gloves, gauntlets or armlets* to protect against abrasion, temperature extremes, cuts and punctures, impacts, chemicals, hot substances and equipment, electric shock, vibration, skin infection, disease orcontamination. |  |  |
| Feet and/or legs | *Safety boots or slip resistant footwear with / without toecaps or steel mid-soles, leggings and gaiters* to protect against wet, cuts and punctures, falling objects, frequent use of roll cages and/or pallet trucks and slipping. |  |  |

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| I confirm that the above PPE has been issued to me and I understand it is my responsibility to wear the PPE when required. I have been trained in the correct use, storage, cleaning and care of the PPE and also understand that I must report any lost or defective/damaged PPE immediately to my line manager or supervisor who will reissue PPE as applicable. |
| **Employee signature:** |  |
| **Manager signature:** |  |

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| Document Name | **Personal Protective Equipment (PPE) Assessment** | Document No | **WS.F.ES.06a.01** |
| Document Owner | **Workplace Safety** | Date of Issue | **July 2022** |
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