**PERSONAL PROTECTIVE EQUIPMENT TEST**

1. List the type(s) of PPE required for your task.
2. What are the hazards you are being protected against for each type of PPE used in your job?
3. Describe procedures for the use and care of the PPE you are using.
4. What should you look for to determine the PPE that you are using is in good working order?
5. What actions do you take when your PPE becomes defective?

**Certification**

I have personally trained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and answered all the questions pertaining to the proper use and care of PPE. I certify that he/she has adequate knowledge and ability to properly use and care for the PPE associated with his/her job.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature Date

I have been adequately trained on the use and care of the PPE to be used by me. My supervisor has answered all questions to my satisfaction and I understand that my supervisor will be available for follow-up training if needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date