

# Village of Lake George

## Personal Protective Equipment Receipt and Training Certification

\_\_\_\_\_, has received and demonstrated his/her understanding of  
Employees Name  
 the assigned PPE and acknowledges receipt of use and care training.

Supervisor: \_\_\_\_\_

On: \_\_\_\_\_  
Date

The following personal protective equipment has been assigned for use	
Check applicable boxes	Notes
<input type="checkbox"/> Eye Protection Clear	
<input type="checkbox"/> Eye Protection Dark	
<input type="checkbox"/> Eye Protection Goggles	
<input type="checkbox"/> Head Protection	
<input type="checkbox"/> Hand Protection	
<input type="checkbox"/> Hearing Protection	
<input type="checkbox"/> Type 2 Vest	
<input type="checkbox"/> Type 2 Jacket	
<input type="checkbox"/> Rain Gear	
<input type="checkbox"/> Steel Toe Shoes	
<input type="checkbox"/> Other	

**I, the undersigned accept the PPE that my employer is providing me. I further acknowledge that I have been instructed in how to wear and maintain it. If it is lost or damaged, I will report the same to my employer promptly for replacement.**

**I agree to wear the equipment when facing the exposure it is designed to protect against. I acknowledge that my failure to do so MAY subject me to disciplinary action.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date