

Personal Protective Equipment (PPE) Meeting Record

Company: _____ Department: _____

Date: _____ Time: _____ Presenter(s): _____

PPE topic(s):

- Eye and face protection Fall protection High visibility garments Hand protection Head protection
 Hearing protection Foot protection Limb and body protection Personal flotation devices Respirators

Record of those attending:

Name: (please print)	Signature:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

Absent:

1.	3.
2.	4.

Comments/suggestions/action items (Presenter[s] to complete):

Manager/Supervisor: _____ Date: _____

(signature)