



## **GB15** Personal protective equipment register

Company name	·				Project title	title				
Location					Contract no.					
Employee name					Employee no.	oyee no.				
Department					Position	osition				
Employment start date					Special requirements					
Description of PPE (for example, eye protection or hand protection)	Type of PPE (for example, grade or protection factor)	Date of iss	ue	Recipient signature	Special requir (for example, fi	rements t testing)	Training given (for example, inspection storage or cleaning)	, use,	Reissue date	
Name		Position			Signature		Date			