

Training Certification

Personal Protective Equipment

Date: _____

Name: _____

Signature: _____

SSN: _____

Job Title: _____

Dept: _____

Supervisor: _____

Hearing Protection:

Inserts: _____

Muffs: _____

Sight Conservation:

Safety Glasses: _____

Impact Goggles: _____

Chemical Goggles: _____

Welders Helmet: _____

Laser Goggles: _____

Face Shield: _____

Eye Wash: _____

Head Protection:

Hard Hats: _____

Helmet _____

Hand Protection:

Gloves: _____

List Type: _____

Foot Protection:

Steel Toe Boots: _____

HV Boots: _____

Rain Boots: _____

Electrical Protective Devices:

Rubber Insulating Gloves: _____

Rubber Insulating Matting: _____

Rubber Insulating Blankets: _____

Rubber Insulating Line Hose: _____
Rubber Insulating sleeve: _____
Other: _____

Ergonomics: Back Belts: _____
Lifting procedures: _____

Specific Firefighting/Security Equipment:

Please List: _____

Note: Respiratory protection: This certification is conducted by the NPS/NSA Respiratory Protection Program manager and is documented on a separate form.

I certify that training of the proper use of personal protective equipment identified above has been performed for this employee and this individual has adequately demonstrated personal protective equipment knowledge and skills

Supervisors Signature: _____