

Personal Protective Equipment (PPE) Handover Form

Date:

Employee Name:

Designation:

Department:

PPE Issued:

S. No.	Item Description	Quantity	Condition	Remarks
1	Eg. Safety Helmet	<input type="text"/>	Eg. New/Good	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments/Instructions:

Employee Signature

Supervisor / Issuer Signature

Important Notes:

- This form must be completed and signed whenever PPE is issued to any employee.
- PPE should be checked for condition and appropriateness before issue and receipt.
- Employees are responsible for maintaining and using PPE as per instructions.
- Any damage or loss of PPE must be immediately reported to the supervisor.
- Keep this form for record and audit purposes.