

# Personal Protective Equipment (PPE) Handover Form

Date:

Employee Name:

Designation:

Department:

PPE Issued:

S. No.	Item Description	Quantity	Condition	Remarks
1	<input type="text" value="Eg. Safety Helmet"/>	<input type="text"/>	<input type="text" value="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:

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Employee Signature

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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.