[Company name]

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PPE issue register

Track who received what protective equipment and when it is due for replacement.

Issue log

Date	Employee	PPE item	Size / type	Condition on issue	Replacement due
[Date]	[Name]	[e.g. safety boots]	[Size]	[New]	[Date]
[Date]	[Name]	[e.g. hi-vis vest]	[Size]	[New]	[Date]

Employee acknowledgement I confirm I received the items above, have been shown how to use and store them, and will report damage or loss immediately.

Employee name: _____ Signature: _____ Date: _____

Sign-off

Issued by: _____ **Manager:** _____ **Date:** _____