

ISSUE OF SAFETY EQUIPMENT CLOTHING

Name of Employee: _____

Date of Issue: _____

Type of equipment:-

1. Hard Hat
2. Overalls
3. Gloves
4. Gauntlets
5. Footwear
6. Eye Protection
7. Ear Protection
8. Respiratory Protection
9. Others

I certify that I have received the above Safety Equipment/ Clothing

Signature of Employee:- _____

Date:- _____

Signature of Supervisor:- _____

Date:- _____