

**THE UNIVERSITY OF NORTH CAROLINA at GREENSBORO
PERSONAL PROTECTIVE EQUIPMENT
TRAINING CERTIFICATION**

Dept: _____ Trainer: _____ Date: _____

PPE Selection
(Level of protection must be greater than minimum protection required)

<u>Hazard</u>	<u>Appropriate PPE</u>

How will PPE selections be communicated to employees?

Required training included:

- When PPE is necessary
- What PPE is necessary
- How to properly don, doff, adjust, and wear PPE
- The limitations of PPE
- The proper care, maintenance, useful life, and disposal of PPE

Trainees:

EMPLOYEE NAME	EMPLOYEE ID NUMBER	SIGNATURE

Route copies to: Office of Safety