

## Employee Personal Protection Equipment Training

When the job warrants, personal protective equipment must be worn and appropriately utilized. This equipment will be provided by Quality Electric and should be maintained and cared for by the employee. Training shall be provided on use, inspection, wear and cleaning, and storage of the personal protective equipment. Management will be responsible for monitoring and enforcing use of the equipment. Employee acknowledges why the equipment is necessary and agree to use it according to OSHA, Quality Electric Inc and Manufacturer's Standards.

Employee Name:	
Department:	
Job:	

PERSONAL PROTECTION EQUIPMENT COVERED IN TRAINING					
Type of Equipment	Manufacturer / Model #	Employee Signature	Trainer Signature*	Date	Check if Applicable
Hard Hats Type:					<input type="checkbox"/>
Gloves Type:					<input type="checkbox"/>
Safety Glasses Type:					<input type="checkbox"/>
Face Shield Type:					<input type="checkbox"/>
Toe Protection Type:					<input type="checkbox"/>
Full Body Harness					<input type="checkbox"/>
Shock - Absorbing Lanyard					<input type="checkbox"/>
Work Positioning Lanyard					<input type="checkbox"/>
Self - Retracting Lifeline (SRL)					<input type="checkbox"/>
Restraint Line					<input type="checkbox"/>
Horizontal Lifeline					<input type="checkbox"/>
Vertical Lifeline					<input type="checkbox"/>
Incline Line					<input type="checkbox"/>
Rope Grab					<input type="checkbox"/>
Deceleration Device					<input type="checkbox"/>
Locking Snap Hooks					<input type="checkbox"/>
Locking Carabineers					<input type="checkbox"/>
Relief Straps					<input type="checkbox"/>
Anchorage					<input type="checkbox"/>
Safety Nets					<input type="checkbox"/>

PERSONAL PROTECTION EQUIPMENT COVERED IN TRAINING - CONTINUED					
Type of Equipment	Manufacturer / Model #	Employee Signature	Trainer Signature*	Date	Check if Applicable
FP on Aerial Work Platforms (AWP)					<input type="checkbox"/>
Chemical Safety Gear:					<input type="checkbox"/>
Other:					<input type="checkbox"/>
Other:					<input type="checkbox"/>
Other:					<input type="checkbox"/>
Other:					<input type="checkbox"/>
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Other:					<input type="checkbox"/>
Other:					<input type="checkbox"/>
Other:					<input type="checkbox"/>

*\* I certify that I have trained the employee / worker for the equipment, company programs and / or OSHA standards listed above. I also certify that I am a competent person who is qualified to provide this training. A Competent Person is one who is capable of identifying existing and predictable hazards [OSHA 29 CFR 1926.32(f)]; authorized to take prompt corrective measures to eliminate hazards [OSHA 29 CFR 1926.32(f)]; and qualified to train employees in all aspects of personal protection equipment covered in OSHA Subpart E [29 CFR 1926.95 - 107 (Subpart E)].*