

Appendix E (Section 2) of the UF Chemical Hygiene Plan

**Personal Protective Equipment Training Certification**

\_\_\_\_\_, has received and demonstrated  
Printed name of employee

understanding of the PPE training given by \_\_\_\_\_.  
Name of instructor

\_\_\_\_\_  
Signature of trainer

\_\_\_\_\_  
Date

The following personal protective equipment has been assigned for use	Identify specific assigned PPE
Check applicable boxes	
<input type="checkbox"/> Eye and Face Protection	
<input type="checkbox"/> Head Protection	
<input type="checkbox"/> Foot Protection	
<input type="checkbox"/> Hand Protection	
<input type="checkbox"/> Respiratory Protection	
<input type="checkbox"/> Hearing Protection	
<input type="checkbox"/> Other Protection	

I have received and understand the PPE training given to me by \_\_\_\_\_.  
Name of instructor

on \_\_\_\_\_.  
Date

\_\_\_\_\_.  
Employee signature