

Acknowledgement of Use of Personal Protective Equipment

| Task | Protective Equipment | Task | Supervisor |
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| | Description | | |
|--|---|--|--------------------------|
| Health and Safety Policy | • Issue a copy of the policy to the employee | | <input type="checkbox"/> |
| | • Explain the main points of the policy | | <input type="checkbox"/> |
| Fire | • Explain the main points of the fire safety policy | | <input type="checkbox"/> |
| | • Demonstrate how to use fire extinguishers | | <input type="checkbox"/> |
| | • Explain the operation of fire doors | | <input type="checkbox"/> |
| | • Tour the escape routes | | <input type="checkbox"/> |
| | • Explain the evacuation procedure | | <input type="checkbox"/> |
| | • Identify the assembly point | | <input type="checkbox"/> |
| First Aid | • Identify the first aid kit | | <input type="checkbox"/> |
| Risk Assessment and General Conduct | • Explain the significance of risk assessment | | <input type="checkbox"/> |
| | • Issue any written methods. High risk work | | <input type="checkbox"/> |
| | • Explain those areas which may not be entered or | | <input type="checkbox"/> |
| | • Explain any other evacuation | | <input type="checkbox"/> |
| | • Discuss workplace safety matters for which the | | <input type="checkbox"/> |
| Personal Protective Equipment | • Issue any necessary PPE | | <input type="checkbox"/> |

Affirm that it is the responsibility of the employee to

their PPE and advise on any defects.

ACKNOWLEDGEMENT

I acknowledge having been given information at this time regarding its content. If I need further information I shall contact my Supervisor prior to carrying out the work. Should I have had the relevant training I shall bring this to my attention in compliance with the company's laid down

above and have no further questions at this time. If I have any questions relating to safe working I shall contact my Supervisor. I shall carry out any work allocated to me for which I feel I have not had the relevant training.

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|------------------|--|-----------|--|
| Employee's Name: | | | |
| Signature: | | Location: | |