

GalaxyAerospace PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUEST FORM

GAIVI/SIVIS/RF-002-02/17							
PART I – ADMINISTRATIVE DATA							
Department/Base: WORKSHOP DEPARTMENT Staff			Number: 8235 Date: 12/12/ 2023				
Name: MOHAMMAD FAKHQURSY BIN HANIZ		Design	nation: SENIOR	TECH	INICIAN		
PART II – PPE ISSUANCE							
New issue V Replacement Damag	e	Mis	ssing/Lost		Other type of	PPE	
Others							
Please Specify: PPE REQUIRED URGENTLY DUE TO BATTERY LEAD ACID MAINTENANCE AND SERVICING.							
PART III – TYPES OF PPE REQUESTED							
Remark: Fill up where applicable.							
NO TYPES OF PPE	A 440000	AND	PART CODE		QUANTITY	SIZE	
1 SAFETY GOGGLES	3	BM	3M 1623A	AF	04	N/A	
2 PROTECTIVE GLOVES (FOR CHEMICAL HANDLING)	And Comment And Comment	SELL	58005100		04	XL	
3 RESPIRATOR MASKS	3	BM	3M 6000 SEI	RIES	03	N/A	
4 MASKS CARTRIDGE FOR GASES	3	BM	3M 6003	3	06	N/A	
			 		+		
Note: Every application or purchased of DDE's should have an	om the i-	nediate d-	artmental hand	and Saf	ety Department		
Note: Every application or purchased of PPE's should have an approval from the immediate departmental head and Safety Department.							
PART IV – DEPARTMENTAL APPROVALS							
SECTION A			SECTIO	ON B			
DEPARMENTAL HEAD:	SAFET	Y DEPART	MENT:	-			
APPROVED REJECTED KIV	X	PPROVED	REJE	ECTED	KIV		
1.							
	Signature of Safety Manager						
Signature of HOD	Name		of Safety Manager AN ZAMEREE B. ISHAK				
Name/Stamp: HAMIDAH BINTI HAMA	Training/ Statings						
Date: 12 DEC 2023	Date:	13/12/202	23				
SECTION C							
Acknowledgement by Human Resources (HR) Department	"		-	emarl.	: Please document	ed this	
Name/Stamp:				orm into	o staff personal fil	le and	
				ittach a ,	purchase receipt	or any	
Date:				related document if any and where applicable for records and controls.			
PART V – ACKNOWLEDGE PPE ITEM RECEIVED BY STAFF							
Staff Signature:							
Date:							
This form used by Safety Department when necessary, in order to record data and may be circulated internally for management information							