



**PART I – ADMINISTRATIVE DATA**

Department:	Staff Number:	Date:
Name:	Designation:	

**PART II – PPE ISSUANCE**

New issue	Replacement	Damage	Missing/Lost	Other type of PPE
Others				
Please Specify:				

**PART III – TYPES OF PPE REQUESTED**

*Remark: Fill up where applicable.*

NO	TYPES OF PPE	BRAND	PART CODE NO.	QUANTITY	SIZE

**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	SECTION B
<p><b>DEPARMENTAL HEAD:</b></p> <p><input type="checkbox"/> APPROVED    <input type="checkbox"/> REJECTED    <input type="checkbox"/> KIV</p> <p>_____</p> <p style="text-align: center;"><i>Signature of HOD</i></p> <p>Name/Stamp:</p> <p>Date:</p>	<p><b>SAFETY DEPARTMENT:</b></p> <p><input type="checkbox"/> APPROVED    <input type="checkbox"/> REJECTED    <input type="checkbox"/> KIV</p> <p>_____</p> <p style="text-align: center;"><i>Signature of Safety Manager</i></p> <p>Name/Stamp:</p> <p>Date:</p>

**SECTION C**

<p><b>Acknowledgement by Human Resources (HR) Department:</b></p> <p>Name/Stamp:</p> <p>Date:</p>	<p><i>Remark: Please documented this form into staff personal file and attach a purchase receipt or any related document if any and where applicable for records and controls.</i></p>
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**PART V – ACKNOWLEDGE PPE ITEM RECEIVED BY STAFF**

Staff Signature:

  

Date: