PERSONAL PROTECTIVE EQUIPMENT (PPE) maintenance.repair.overhaul REQUEST FORM							GAM/SMS/RF-002-02/17		
PART I – ADMINISTRATIVE DATA									
Department: Staff Number: Date:									
Name: Designation:									
PART II – PPE ISSUANCE									
New issue	ue Replacement Damag			e 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 C			CODE NO. QUANTITY SIZE		
<b>Note</b> : 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						
DEPARMENTAL HEAD:			SAFETY DEPARTMENT:						
APPROVED REJECTED KIV				APPROVED REJECTED KIV					
				Signature of Safety Manager					
Signature of HOD Name/Stamp:				tamp:	oignature 0j	sujety Man	tanager		
wanney stamp.		····-,,-							
Date:			Date:						
SECTION C									
Acknowledgement by Human Resources (HR) Department: Remark: Please documented this								ed this	
Name/Stamp:						form into staff personal file and attach a purchase receipt or any related document if any and where			
Date:					applicable for records and controls.				
PART V – ACKNOWLEDGE PPE ITEM RECEIVED BY STAFF									
Staff Signatur	e:								
Date:									
This form used by Safety Department when necessary in order to record data and may be circulated internally for management information									