GalaxyAerospace PERSONAL PROTECTIVE EQUIPMENT (PPE) maintenance.repair.overhaul REQUEST FORM GAM/SMS/RF-002-02/17								2-02/17	
PART I – ADMINISTRATIVE DATA									
Department/Base: Staff Number: Date:									
Name: Designation:									
PART II – PPE ISSUANCE									
New issue	Replacement	Damage	2	Mis	sing/Lost		Other type of PPE		
Others									
Please Specify:									
PART III – TYPES OF PPE REQUESTED									
Remark: Fill up who									
NO	TYPES OF PPE			BRAND PART C			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						
DEPARMENTAL HEAD:			SAFETY DEPARTMENT:						
APPROVED REJECTED KIV				APPROVED REJECTED KIV					
				Signatura of Cafaty Manazar					
Signature of HOD Name/Stamp:			Signature of Safety Manager Name/Stamp:						
wantey stamp.	·······								
Date:				Date:					
SECTION C									
Acknowledgement by Human Resources (HR) Department:						Remark: Please documented 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 Signature:									
Date:									
This form used by Safety Department when necessary in order to record data and may be circulated internally for management information									