

## Mobitech Lift Trucks PPE/EQUIPMENT REQUEST FORM

**EMPLOYEES NAME:**

ITEM OF PPE	ISSUE DATE	LIFE EXPIRY DATE	ANY COMMENTS
<b>White Safety helmet</b>			
<b>Bump cap</b>			
<b>Overalls</b>		On condition	
<b>Safety boots</b>		On condition	
<b>Ear protection</b>		On condition	
<b>Gloves</b>		On condition	
<b>Googles</b>		On condition	
		On condition	
<b>Hi-Vis Waist Coat</b>		On condition	
<b>Hi-Vis Jacket</b>		On condition	
		On condition	
		On condition	
<b>Wet Weather Gear</b>		On condition	
<b>Company polo shirts</b>		On condition	
<b>Company sweatshirts</b>		On condition	
<b>Company trousers</b>		On condition	
<b>Company shorts</b>		On condition	

\* Signing confirms that you have received the listed PPE with appropriate instructions and training in its correct use, storage, maintenance, before and after use inspections. Employees must request replacement PPE if no longer effective and report all defects or losses.

Signature .....