# Appendix 1

## RDaSH local personal protective equipment signature (PES) form

To be completed on receipt or on first day of employment and held in personnel file or PPE file.

Please use BLOCK CAPITALS

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Location |  |

In accordance with the Trust PPE policy this local form is to be signed to acknowledge that I (the above named) have been afforded the provision, recording of issue, training, storage location and process for maintenance and disposal of PPE.

The form applies to all colleagues who are employed in a role which may require the issue of PPE and covers all PPE, which includes:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PPE | Issued | Training | Stored | Maintenance and disposal | Size | Remarks |
| Hearing Protection |  |  |  |  |  |  |
| Eye Protection |  |  |  |  |  |  |
| Head Protection |  |  |  |  |  |  |
| Gloves |  |  |  |  |  |  |
| Aprons |  |  |  |  |  |  |
| Clothing |  |  |  |  |  |  |
| Footwear |  |  |  |  |  |  |
| Respirators  Special to role PPE |  |  |  |  |  |  |

This form is to be used in conjunction with risk assessments identifying all activities carried out by colleagues where PPE is required. To be filled out after reading the PPE policy and uniform and appearance at work and dress code policy.

|  |  |
| --- | --- |
| Signed |  |
| Date |  |