

APPENDIX B

PERSONAL PROTECTIVE EQUIPMENT
CERTIFICATION OF TRAINING

DATE(S) OF TRAINING: _____

DEPARTMENT: _____

BUILDING: _____ ROOM: _____

TASK OR ASSIGNMENT DESCRIPTION: _____

PPE REQUIREMENTS: _____

ATTENDEES:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CERTIFICATION: I certify training was conducted in accordance with the provisions of the Purdue University Personal Protective Equipment Policy and that each affected employee has received and understood the training provided.

Name: _____

Date: _____

DISTRIBUTION: Department PPE Training File
REM, CIVL