## **APPENDIX B**

## PERSONAL PROTECTIVE EQUIPMENT CERTIFICATION OF TRAINING

DATE(S) OF TRAIN	ING:			
DEPARTMENT:				
BUILDING:				ROOM:
TASK OR ASSIGNI	MENT DESCRIPTION:			
PPE REQUIREMEN	TS:			
ATTENDEES:				
		-		
		-		
		-		
		-		
		-		
		_		
	certify training was conducte Equipment Policy and that ea			
Name:			Date:	
DISTRIBUTION:	Department PPE Trainin REM, CIVL	ng File		

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