



<b>PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT</b>	<b>Trainer</b>	<b>Employee</b>	<b>Date</b>
Eye and Face Protection			
Foot Protection			
Hand & Arm Protection			
Head Protection			
Other PPE:			
<b>DRUG &amp; ALCOHOL TESTING PROGRAM</b>	<b>Trainer</b>	<b>Employee</b>	<b>Date</b>
Random			
Reasonable Suspicion			
Post-Accident			

I have received the Required Safety Instructions in the areas marked above. I understand that in order to perform my job safely, I must follow all Safety Policies & Procedures, wear the personal protective equipment which is required of me and report immediately any accidents/injuries or unsafe conditions to my supervisor.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Coordinator/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_