PPE

PPE check before use

Name: _____ **Date:** _____

- [ ] I have the right PPE for this task
- [ ] It is clean and undamaged
- [ ] It is the right size and fits me
- [ ] I know how to put it on and wear it
- [ ] I know how to take it off safely
- [ ] I know where to store it
- [ ] I know who to tell if it is damaged