KEFRI/F/ADM/18



**PERSONAL PROTECTIVE EQUIPMENT (PPE) INVENTORY FORM**

Centre:...............................................................

Section: …………………………………………………..

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| **Item of PPE** | **Type** | **Quantity** | **Stored Location** |
| Head Protection |  |  |  |
| Hearing Protection |  |  |  |
| Eye Protection |  |  |  |
| Respiratory Protective Equipment (RPE) |  |  |  |
| Overalls |  |  |  |
| Gloves |  |  |  |
| Footwear |  |  |  |
| Safety Harness |  |  |  |
| Clothing |  |  |  |
| Other (Specify) |  |  |  |