APPENDIX C –TRAINING DOCUMENTATION FORM

PPE Covered:		Date:	
Job Title:		Unit/Dept.:	

Last Name	First Name	UIN	Signature

I certify that these individuals have understood and demonstrated the following: when PPE is necessary; what PPE is necessary; how to properly don, doff, adjust and wear the PPE; limitations of the PPE; and how to properly care for, maintain, and dispose of the PPE.

Trainer Name _____

Trainer Signature _____ **Date** _____