University of Notre Dame

Lab Personnel PPE Knowledge Certification Form

P.I._____Department_____Date_____

PPE Required:
Purpose of PPE:
PPE Required:
Purpose of PPE:
PPE Required:
Purpose of PPE:
PPE Required:
Purpose of PPE:

By signing below, I certify that I understand 1) what PPE I am required to use in this lab, 2) its limitations, 3) how to put it on and take it off, and 4) how to care for and maintain this PPE.

Signature	NetID	Date

I certify that the above employees(s) understand the required items listed above as indicated by his or her signature and/or performance to me.

P.I. or Designee Signature_____Date_____