SANTA CLARA COUNTY

Employee Protective Clothing Record

NAME: _____

DATE	ITEM	ACTION	COMMENTS

Date: The date of the action on the Item

Item: Description of PPE

T/O coat (A)
Helmet
T/O pant (B)

Action: Action taken

MI (Monthly inspection)
BI (B/C inspection)
WI (Washed after incident)
W6 (required 6th month washing)
RS (Items sent for repairs)
RR (Items returned from repairs)
IN (Issued New)
RP (Replaced)

This form is to be returned to the PPE Project Manager at the end of every calendar year.

Form #164