APPENDIX B

PERSONAL PROTECTIVE EQUIPMENT CERTIFICATION OF TRAINING

DATE(S) OF TRAINING:			
DEPARTMENT:			
BUILDING:			_ROOM:
TASK OR ASSIGNMENT DESCRIPTION:			
PPE REQUIREMENTS:			
ATTENDEES:			
<u>CERTIFICATION</u> : I certify training was cor Personal Protective Equipment Policy and t provided.	nducted in accordar that each affected e	ce with the provisions of the provisions of the mployee has received and	ne Purdue University I understood the training
Name:		Date:	

DISTRIBUTION:

Department PPE Training File REM, CIVL