

**PERSONAL PROTECTIVE EQUIPMENT (PPE) PURCHASE  
JUSTIFICATION FORM**

Item Requested: (attach completed risk assessment)

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Approvals:

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Employees Supervisor

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Date

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AFS Safety Manager

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Date

**MAINTAIN A COPY OF THIS INFORMATION FOR YOUR RECORDS.**

**SIGN AND DATE THE STATEMENT OF RECEIPT AND UNDERSTANDING ON THE  
FOLLOWING PAGE, AND RETURN IT TO YOUR SUPERVISOR AS SOON AS  
POSSIBLE.**

**EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT OF BLM AK953 PERSONAL  
PROTECTIVE EQUIPMENT POLICY AND GUIDELINES**

I have read and understand the requirements of the Alaska Fire Service (AK 9F0000) Personal Protective Equipment policy. I understand what types of PPE that I am required to use, and the conditions in which to use them. I have been trained in the proper use, care, donning and doffing of all PPE that I am required to use. I understand that training in the use and care of PPE is available at any time, upon request, from my supervisor or the AFS Safety Office.

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Employee Printed Name

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Office

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Employee Signature

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Date