



Work Site-Specific Training PPE Awareness

Environmental, Health & Safety Office – 100 EHS • www.uiowa.edu/~hpo • Ph. 319-335-9549

To fulfill OSHA's training requirements, Work site-specific Training must be completed.

Date:

Name:

Job Title:

Supervisor:

Work Site-Specific Training

Inform or train the employee about applications in his/her workplace.

- When PPE is necessary.
- What PPE is required.
- How to wear, adjust and remove PPE.
- The limitations of PPE.
- The care, maintenance, useful life and disposal of PPE

Verification by Employee

I verify that I understand the requirements checked above.

Print Name _____ Signature _____ Date _____

Verification by Department

As the department representative, supervisor, or trainer, I verify that training on items checked above was provided to the employee.

Print Name _____ Signature _____ Date _____

Department _____

This department must keep this form to meet OSHA recordkeeping requirements.

Please do not return this form to EHS.