Undergraduates, graduate students, post-doctoral associates, technicians, staff scientists, visiting scientists, high school interns

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: _____

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

Signature	NetID	Date

I certify that the above employee(s) understand the required items listed above as indicated by his/her signature and/or performance to me. PI or designee Signature _____ Date_____

PI /PLC keeps on file