

# EMPLOYEE PPE REQUEST

Your Name: \_\_\_\_\_

To:  
**MARISCO**  
**Unit 5 West Howe Ind Estate**  
**Elliott Road**  
**Bournemouth**  
**BH11 8JS**

Date

PPE:					
Description:					
Quantity:		Price:		Supplier:	

PPE:					
Description:					
Quantity:		Price:		Supplier:	

PPE:					
Description:					
Quantity:		Price:		Supplier:	

Marisco is legally obliged to pay for all Personal Protection Equipment (PPE) their staff require to allow them to carry out their work safely. We reserve the right to substitute the requested PPE for equivalents we can source more cost effectively.

The purpose of this form is to allow staff to request the PPE they need.

Should employment end, the employee must return the unused stock of PPE entered into his or her inventory.

It is the responsibility of each employee to maintain the PPE we provide and ensure they ask for training if they are unsure how to use it properly and request replacements when PPE becomes worn or damaged.

By signing this request, you confirm you have received adequate training to use the PPE requested and that you will use it in all situations where the safe working policies and risk assessments require it to be worn.