I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that the following affected employees have received and understood personal protective equipment (PPE) training, which included the following; when PPE is necessary; what PPE is necessary; how to properly don, doff, adjust, and wear PPE; the limitations of the PPE; and the proper care, maintenance, useful life and disposal of PPE.

Each of the affected employees has demonstrated an understanding of the above and an ability to use the PPE properly.

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| Name | Date of Training |
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