

LYLES SCHOOL OF CIVIL ENGINEERING

PERSONAL PROTECTIVE EQUIPMENT

CERTIFICATION OF TRAINING

BUILDING: HAMPTON **DEPARTMENT:** _____ **ROOM:** _____

TASK OR ASSIGNMENT DESCRIPTION: _____

PPE REQUIREMENTS:

ATTENDEES (PRINT and SIGN):

DATE TRAINED:

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CERTIFICATION: I certify training was conducted in accordance with the provisions of the Purdue University Personal Protective Equipment Policy and that each affected employee has received and understand the training provided.

DTI NAME (PRINT): _____ **(SIGN):** _____ **(DATE):** _____