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| **CONTROL MEASURES - PERSONAL PROTECTIVE EQUIPMENT** | | | | | |
| **Ref.** | **Name of Equipment** | **Description (include reference to standards where appropriate)** | **Are Details of Issues Recorded?**  **YES/NO**  **(provide details)** | **Has a Specific Assessment been Carried Out?**  **YES/NO**  **(provide details)** | **Further Action Required** |
|  |  |  |  |  |  |