



MMS\_4.4.6-L1 Rev.00 del 25/06/2013

NAME:

DEPARTMENT:

Worker holder of the present form declare, by signature, to receive the Personal Protective Equipment listed above by the employer for the activities of the job assigned.

[illegible]

**Legend:**

**FS: First supply    PR: Periodic replenish    ER: Extraordinary replenish    DU: For department use**

***Extract of Legal Notice 36 of 2003***

**Art. 15, section 2:**

*Without prejudice to the generality of the foregoing, it shall be the duty of a worker to:*

• • • • •

*b) make correct use of the personal protective equipment supplied to him and, after use, return it to its proper place*

***With the present form worker commits to scrupulously comply with given instructions and conditions of use.***