



Building for the Future

Employee Personal Protective Equipment (PPE) Request Form

EMPLOYEE INFORMATION

Full Name: _____

ITEMS	SIZE	QTY	PRICING	TOTAL
Front Brim Hard Hat - White, Blue, Gray, Green			\$20.00	
Full Brim Hard Hat - White, Blue, Gray, Green			\$25.00	
Hard Hat Liner			\$5.00	
Hard Hat Sweat Bands			\$5.00	
Tinted Safety Glasses			\$7.60	
Clear Safety Glasses			\$8.10	
Safety Glasses/Readers	1.5/2.0		\$13.50	
Hearing Protection	Broadband		\$5.00	
Hearing Protection	Ear Plugs		\$1.50	
Safety Vest			\$10.00	
Cloth Gloves - Insulated/Non-Insulated			\$6.50	
Work Gloves	L / XL		\$8.25	
Cut Resistant Gloves	L / XL		\$7.50	
Leather Work Gloves			\$7.00	
Ice Cleats			\$15.00	
Dust Mask			\$5.00	
Face Shield			\$15.00	
T-Ross PPE Bag			\$24.00	
Tyvek Suit	L / XL		\$18.00	
Knee Pads			\$25.00	
			TOTAL:	

By signing this document, you are acknowledging that you have received the above listed PPE items and have authorized these items to be deducted from you \$200.00 per year PPE allowance.

Employee Signature:

Date:

PPE Distributed By:

Date: