

## Personal Protective Equipment Request Form

Member name:

District / Station:

Supervisor:

Date of Request:

Member contact phone#:

Date to Pick-up:

Initial Request

Maintenance/Repair Request

Replacement Request

### PPE Item

Helmet: Color \_\_\_\_\_

Gloves: Size \_\_\_\_\_

Boots: Size \_\_\_\_\_

Suspenders: \_\_\_\_\_

Hood: \_\_\_\_\_

Coat: Size \_\_\_\_\_ Style and Serial # \_\_\_\_\_

Pant: Size \_\_\_\_\_ Style and Serial # \_\_\_\_\_

### Description of Damage/Repair/Cleaning needed:

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Does the gear need to be washed?



Please describe and indicate on drawing areas in need of repair if applicable