Name Consultant :

Client :

|  |  |
| --- | --- |
|  | Owner / Distributor PPE’s |
|  | Middle Point | Client | \* User |
| Jacket/vest | [ ]  | [ ]  | [ ]  |
| Fleece sweaters | [ ]  | [ ]  | [ ]  |
| Safety pants | [ ]  | [ ]  | [ ]  |
| Vest | [ ]  | [ ]  | [ ]  |
| Polo shirts | [ ]  | [ ]  | [ ]  |
| Safety shoes | [ ]  | [ ]  | [ ]  |
| Safety glasses | [ ]  | [ ]  | [ ]  |
| Pair of protective ear muffs | [ ]  | [ ]  | [ ]  |
| First aid kit | [ ]  | [ ]  | [ ]  |
| Gloves | [ ]  | [ ]  | [ ]  |
| Safety helmet | [ ]  | [ ]  | [ ]  |
| Other option: |   |   |   |

[ ]  \* PPE’s of user have been checked by Middle Point

User declares to have received the above listed PPE’s (if applicable) and to use them in accordance with the provided safety guidelines.

PPE’s that are worn or damaged or that are no longer suitable for further usage should be replaced by the owner / distributor. Checking for replacement is the sole responsibility of the user. More information can be obtained by the distributors’ designated H&S-coordinator.

Name :
Date :
Signature for approval :