DAILY PPE TRACKING LOG

DATE_____

Protocol-The staff member will print their name, enter the PPE provided on arrival to work and sign their name.

Maintain this record on file.

Staff Member Name	PPE Provided			Signature	Time
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	**Mask**	**Gloves**	**Other-Specify**	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	

Maintain this record on file.