



SAFETY EQUIPMENT ORDER FORM

Complete the form by checking the item you want and signifying the quantity (**QTY**) and **SIZE** (as necessary) of that item.

PLANT/LOCATION REQUESTING EQUIPMENT _____

<input checked="" type="checkbox"/>	ITEM ID	DESCRIPTION	QTY	SIZE
	DM	Dust Mask		
	DOTV	Safety Vests		
	EP	Ear Plugs		
	FP-H	Fall Protection Harness		
	FP-L	Fall Protection Lanyard		
	FP-S	Fall Protection Strap		
	HH	Hard Hat		
	HHI	Hard Hat Cold Weather Insert		
	HHS	Hard Hat Suspension		
	LG	Leather Gloves		
	LOTO-H	Lockout/Tagout Hasp		
	LOTO-P	Lockout/Tagout Padlock		
	LOTO-T	Lockout/Tagout Tag		
	RG	Rubber Gloves		
	SG-C	Safety Glasses Clear		
	SG-T	Safety Glasses Tinted/Indoor-Outdoor		
	FA	First Aid Items		
	OTHER			
	OTHER			
	OTHER			
	OTHER			
	OTHER			