SUSTAINABLE TOBACCO PROGRAMME

PERSONAL PROTECTION EQUIPMENT (PPE) ISSUES

Farm Name/Grower Number	

Form STPF005

Page of

Date of Issue	Equipment Issued (See Notes Below)	Quantitiy	Reason for Issue	Issued By	Signature	Received By	Signature	Date of Return	Returned By	Signature	Received By	Signature	Damaged items	Destroyed By	Signature	Date of Destruction

Protective Clothing Key	
A	Apron
B	Gumboots
G	Gloves
GG	Goggles
R	Respirator
WS	Worksuit

Checked By Manager _____

Date _____

Checked By STP Monitor _____

Date _____