

PPE Agreement - EMP000009

Name – _____

CHECK BOX	ITEMS	SIGN
	Corporate Shirts (2)	
	Half Face Respirator	
	Full Face Respirator	
	Gum Boots	
	Clear Safety Glasses	
	Tinted Safety Glasses	
	Acid Suit	

I agree that if I cease employment with AQNP Solutions within three weeks of my starting date, all of supplied equipment will be returned to the company before my final pay is settled or the cost of replacement will be deducted from my final pay.

Signed- _____

Date- _____