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

Employee Name	PPE Provided						Employee Signature	Time
	Surgical Mask	N- 95	Gloves	Gown	Face Shield	Goggles		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	

4/29/20

Maintain this record on file.