

Buxton Fire-Rescue

PERSONAL PROTECTIVE EQUIPMENT ISSUANCE FORM

Today's Date: ___/___/___

Firefighters Name: _____

Structural Gear: (please fill in serial number, if applicable)

Coat _____

Helmet

Bunkers _____

Gloves

Suspenders

SCBA Mask

Pager _____

Portable Radio _____

Hood

Boots

Forestry:

Fire Backpack

Shirt

Size

Goggles

Pants

Size

Helmet

Gloves

Size

Shelter

By signing below you acknowledge that you were shown how to properly wear and maintain the issued gear, you also accept the responsibility in upkeep and maintenance of the above equipment. It is understood that the issued equipment will be kept and maintained with care. Its storage is your responsibility. If at any time that this equipment becomes worn, torn, or damaged in any way, it needs to be reported to an officer immediately for repair or replacement.

Member Signature: _____

Officer's Signature Issuing Gear: _____