



MONTGOMERY COUNTY FIRE AND RESCUE SERVICE

**PERSONAL PROTECTIVE GEAR CLEANING FORM**

Worksite: \_\_\_\_\_

Shift: \_\_\_\_\_ Date: \_\_\_\_\_

	Name & FSID	Name & FSID	Name & FSID	Name & FSID	Name & FSID	Name & FSID
Coat #1						
Serial #						
Date cleaned?						
Coat #2						
Serial #						
Date cleaned?						
Pant #1						
Serial #						
Date cleaned?						
Pant#2						
Serial #						
Date cleaned?						



MONTGOMERY COUNTY FIRE AND RESCUE SERVICE  
MONTGOMERY COUNTY, MD

**PERSONAL PROTECTIVE GEAR EVALUATION FORM**

Worksite \_\_\_\_\_ Shift \_\_\_\_\_ Division \_\_\_\_\_ Date \_\_\_\_\_

Name	ID#	PAT	Protection		Protective Clothing													
			Ear	Eye	Helmet	Manu Date	Hood	Manu Date	Coat	Manu Date	Pants	Manu Date	Boots	Manu Date	Fire Gloves	Manu Date	Work Gloves	PPE Bag

Remarks : \_\_\_\_\_  
\_\_\_\_\_

Entry Code: Place one of the following in each appropriate box above. Include remarks specific to recommendation for corrective action required.

- Needs Cleaning - C
- Needs Repair - R
- Replace (survey) - S
- Okay - OK

Please make/send copies to: Station file, Senior Career Officer, Safety Officer, Local 1664