



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              | Issue Date | Hood | Issue Date | Coat | Issue Date | Pants | Issue Date | Boots | Issue Date | Fire Gloves | Issue Date | Work Gloves |
|      |     |     |            |     |                     |            |      |            |      |            |       |            |       |            |             |            |             |
|      |     |     |            |     |                     |            |      |            |      |            |       |            |       |            |             |            |             |
|      |     |     |            |     |                     |            |      |            |      |            |       |            |       |            |             |            |             |
|      |     |     |            |     |                     |            |      |            |      |            |       |            |       |            |             |            |             |
|      |     |     |            |     |                     |            |      |            |      |            |       |            |       |            |             |            |             |
|      |     |     |            |     |                     |            |      |            |      |            |       |            |       |            |             |            |             |
|      |     |     |            |     |                     |            |      |            |      |            |       |            |       |            |             |            |             |
|      |     |     |            |     |                     |            |      |            |      |            |       |            |       |            |             |            |             |
|      |     |     |            |     |                     |            |      |            |      |            |       |            |       |            |             |            |             |
|      |     |     |            |     |                     |            |      |            |      |            |       |            |       |            |             |            |             |
|      |     |     |            |     |                     |            |      |            |      |            |       |            |       |            |             |            |             |
|      |     |     |            |     |                     |            |      |            |      |            |       |            |       |            |             |            |             |

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

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