

SSU PERSONAL PROTECTIVE EQUIPMENT SPECIAL ORDER FORM

Your Name: _____ Department: _____

Title: _____ Date: _____

Follow these steps:

I. Identify the specific product(s) that you need to perform your job safely in the table below:

	Catalog Name	Page #	Part #	Description (size, color, etc.)	Price
1					
2					
3					
4					
5					

II. If this product is already in stock, state the reasons why your selected product is better suited to the task than stock PPE items:

- (1) _____

- (2) _____

- (3) _____

- (4) _____

- (5) _____

III. Have your supervisor sign this form:

Supervisor's Signature: _____ Date: _____

FOR EH&S OFFICE USE ONLY	EH&S ADVICE TO SUPERVISOR
<input type="checkbox"/> Special Order Placed / Date: _____	<input type="checkbox"/> Special Order Denied without Recommendation to Purchase Requested Items
<input type="checkbox"/> Special Order Delivered / Date: _____	<input type="checkbox"/> Special Order Denied . Supervisor's option to purchase.
<input type="checkbox"/> Audit Performed / Date: _____	<input type="checkbox"/> Special Order Denied with Recommendation for Supervisor to Purchase Requested Items