

stamp of the PUT organizational unit

APPLICATION

for providing personal protective equipment, work clothing and footwear

1. Name and surname of the employee:

2. Place of work (unit):

3. Workplace:

4. Hazards occurring at the workplace: water, lubricants, oils, noise, dust, chemicals, biologically infectious material, ionizing / X-ray radiation, other:

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5. Scope of work performed:

6. The cost of the value of the collected assortment is borne by:

.....

PUT unit

Cost Account:

.....

Cost Centre:

.....

Source of Financing

.....

Project:

I accept the application:

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signature of the head of the organizational unit

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signature of the financial decision-maker

Qualified for item No. of the norm table.

signature of an employee
of the Health and Safety Inspectorate