



University
of Vermont

ELECTRICAL SAFETY PROGRAM

EMPLOYEE ELECTRICAL EQUIPMENT SIGN-OFF FORM

EMPLOYEE'S NAME (Print)

| ITEM | DATE RECEIVED |
|--|----------------------|
| Electrical Gloves,Size 10,Black,PR, Class 0 | |
| Elec. Glove Protector,10,Tan/Black,PR | |
| Face Shield System | |
| Welders Gear Backpack w/Helmet Catch | |
| Insulated Tool Set, 11 Pc | |
| Lock out tag out Kit Electrical Pouch | |
| Rubber barrier material (Salisbury Rolled blanket) | |
| Barricade Tape | |

EMPLOYEE'S SIGNATURE