

PPE Cleaning and Repair Tag

Fire Dept.: _____ Firefighter Cell Phone # _____

Date: _____ Station: _____ Shift: _____ Rank _____

Last Name: _____ First Name: _____ Emp. #: _____

Do You Have an Alternate Set? _____ Y _____ N

PPE Items	MFG/Serial #	Quantity	Cleaning/Repairs Needed
Bunker Coat Outer			DRD- yes/no
Bunker Coat Liner			
Bunker Pant Outer			Suspenders- yes/no
Bunker Pant Liner			
EMS Jacket			
Wild Land Jacket			
Wild Land Pant			
Hood			
Boots			
Gloves			

Special Instructions/Comments:

Members Signature: _____ Date: _____

Verified By:

Station Officer Name: _____ Station Officer Signature: _____ Date: _____

<p>Please take any personal belongings out of pockets Please fill copy and place in bag</p>
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