



Personal Protective Clothing

Request from Brigade Members with Required Training Completed

Brigade Member

(This form must be completed and returned to the Shire of Donnybrook Balingup.)

Date:		Brigade Area:	
Active Member Name:		Member ID No:	
Home Phone Number:		Mobile Phone:	
Address:			

PPE IF REQUIRED

(Please indicate with a tick where applicable and provide size)

Helmet:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Torch:	<input type="checkbox"/>	Visor:	<input type="checkbox"/>
Goggles:	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Gloves:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Size:	XS / S / M / L / XL		
Jacket Gold:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Size:			
Trousers Gold:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Size:			
Name Badge:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Size:			
Boots:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Size:			
Bush Fire Service T-Shirt:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Size:	S / M / L / XL / 2XL / 3XL		
Members Signature:					

Officebearer

I an Officebearer for the above mentioned Bush Fire Brigade certify that the application is for a Registered and Active member.

Officebearer Signature:		Date:	
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CESM Approval

Comments:

CESM Signature:		Date:	
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Office use only

Form Received		Issued			
Officer Name:		Date Issued:			
Date Received:		Issued To:			
Date Ordered:		Scan to File:			
PPE Received:		Update records:	Inv		PPC List

