



Winchester Fire and Rescue Department  
**PERSONAL PROTECTIVE EQUIPMENT  
REQUEST**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Station/Shift Assignment: \_\_\_\_\_ Reason for request: \_\_\_\_\_ New Issue \_\_\_\_\_ Replacement

PPE Item	Size	Qty.	Reason for Request
Fire Coat			
Fire Pant			
Protective Fire Hood			
Fire Helmet			
Fire Gloves			
Fire Boots			
SCBA Mask			
40mm Chin Style Adapter			
40mm Air Purifying Cartridge			
Suspenders			
Traffic Vest			
Safety Glasses			
Ear Plugs			
Lighting GT Hook			
CMI-QXD			
Carabineer			
Rope			

Employee Signature: \_\_\_\_\_

Supervisor Use

Supervisor Review Notes:

\_\_\_\_\_  
\_\_\_\_\_

Supervisor Recommendation: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved (Check One)

Supervisor Signature: \_\_\_\_\_

Office Use

Request Fulfilled By: \_\_\_\_\_ Date: \_\_\_\_\_