



Metro 1 Home Healthcare Service, Inc.

Metro 1 Home Healthcare Services Inc.
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PERSONAL PROTECTIVE EQUIPMENT FOR SAFETY AND INFECTION CONTROL ACKNOWLEDGMENT

I understand a Personal protective Equipment (PPE Kit) is available in the office and contains the following:

Barrier safety goggles

CPR shield face barrier

Fluid resistant gown

Gloves

Biohazard bag

Sharps container

3M respirator mask (N95 or similar purchased from Uliner.com)

I have been instructed in the use of this equipment and understand that I must comply with policies regarding use of personal protective equipment.

Signature _____ Date _____