



FIRE SERVICES ORDER FORM - PPE / PPC

Name _____

DFES ID # _____

Brigade _____

Date _____

New Member Existing Member (fair wear and tear)

Rank _____

			Office Use Only		
Item	Size/Qty	Comments	Stock	Order	Complete
Level 1 Helmet (White)	Qty				
Level 1 Helmet (Yellow)	Qty				
Helmet Name Sticker (Provide Name)	Qty				
Helmet Sticker Colour	Qty	<input type="checkbox"/> Red <input type="checkbox"/> Yellow			
Helmet Torch	Qty				
Level 1 Jacket	Size				
Level 1 Cargo Pants	Size	cm			
Fire Fighting Boots	Size				
Level 1 Fire Fighting Gloves	Size				
Fire Fighting Goggles	Qty				
Bushfire Respirator (Half Face)	Qty				
Replacement Respirator Filters (3M Half Face)	Qty	Tick Expiration <input type="checkbox"/> 8 hrs <input type="checkbox"/> 6 mths			
Replacement Respirator Retainer (3M Half Face)	Qty				
Helmet Replacements	Qty	<input type="checkbox"/> Sweat Bands <input type="checkbox"/> Harness			
Helmet Neck Flap	Qty				
Replacement Visor Only	Qty	<input type="checkbox"/> BR5 <input type="checkbox"/> BR9			
Replacement Goggles	Qty				
Replacement Torch Holder	Qty				
Boot Accessories (Oliver's)	Qty	<input type="checkbox"/> Zips <input type="checkbox"/> Laces			

Authorised by _____