

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		☐ Red ☐ 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 ☐ 8 hrs ☐ 6 mths			
Replacement Respirator Retainer (3M Half Face)	Qty					
Helmet Replacements	Qty		☐ Sweat Bands ☐ Harness			
Helmet Neck Flap	Qty					
Replacement Visor Only	Qty		☐ BR5 ☐ BR9			
Replacement Goggles	Qty					
Replacement Torch Holder	Qty					
Boot Accessories (Oliver's)	Qty		☐ Zips ☐ Laces			
Authorised by _____						

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Shire of Boyup Brook

Phone: 9765 1200

Email: privacy@boyupbrook.wa.gov.au