# INVENTORY CONTROL RECORD FOR NON-LETHAL PERSONAL PROTECTIVE DEVICES (NLPPD)

| FACILITY NAME AND ADDRESS | APHIS PROGRAM | DATE OF INVENTORY |
|---|---|---|
| | ACCOUNTABLE PROPERTY OFFICER FOR NLPPDs | |

| NAME OF EMPLOYEE | DATE AUTHORIZED AS PPE | PRODUCT TYPE | TRAINING CONDUCTED YES/NO | DATE OF TRAINING |
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