In Reply Refer 1112 (950)	То:	
Memorandum		(Date)
То:	(insert State/District OSH Progra	m Manager name/title)
From:	(insert approving Supervisor's na	ame/title)
Subject:	Safety Office Approval for Purch	nase of Personal Protective Equipment (PPE)
regulations <b>req</b> purchased at Go attachment price	<b>uire</b> that all types of necessary PF overnment's expense. An approve	Occupational Safety and Health Administration (OSHA) PE is provided to employees, by the Bureau, and d/signed Risk Assessment (RA) must accompany this his PPE unless the State or District Occupational Safety proved and signed copy on file.
approve the pur Handbook 1112 Equipment. The	chase of PPE to all District OSH 2-1, Safety and Health Manageme e local field office Collateral Duty	Program Manager has delegated the authority to Program Managers, in accordance with <i>BLM Manual nt</i> , <i>Chapter 19 – Personal Protective Clothing and</i> cy Safety Officer (CDSO) may also approve this District OSH Program Manager is not available.
I have analyzed	the hazards associated with the d	uties of BLM employee (First/Last Name):
expense, of the	following item(s) of PPE:	, and I approve the purchase, at the Government's
Employee's Su	pervisor	Date
signed RA. The		that the PPE is documented on a current approved and this record for charge card reconciliation and proof that
State/District S	afety Manager	Date

I concur that these expenditures by the employee's office are justifiable because of the nature of work hazards encountered by the employee listed on this document. I also verify that there is a current RA (either attached or currently on file) for the performance of the employee's duties.

Attachment 1