

Respiratory Protection Training & Fit-Testing Record

A. Employee Data:

Employee _____ Soc. Sec. ___XXX-XX-_____

Job Description _____

B. Medical Approval (Attach signed Medical Clearance for Respirator Use):

Medical Approval Obtained (Date) _____

Restrictions _____

Health Care Professional _____

C. Training Record:

The below-signed employee affirms that he/she has been trained in each of the checked areas:

- Rationale of respirator use.
- Limitations of different types of respirators.
- Proper fitting procedures.
- Inspection procedures.
- Availability of PAPR for use with fibers and dusts.
- Maintenance procedures, cleaning & replacement of parts.
- Effects of facial hair.
- Synergistic effects of smoking & exposure to contaminants.
- Half Face Cartridge Respirators.
- Full Face Cartridge Respirators.
- PAPR-Powered Air Purifying Respirators.
- Other _____

D. Fit-Testing Record:

The below-signed employee has **passed** a qualitative fit-test for the following respirator(s):

Respirator Type	Manufacturer	Model	Size	Approval
Half-face				
Full-face				
PAPR				
Filtering facepiece				

Fit Testing Protocol (circle one): Irritant Smoke Bitrex Isoamyl Acetate Saccharin

Employee Signature _____ Date _____

Trainer/Tester _____ Date _____