

## 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 \_\_\_\_\_