

FORM IV

RESPIRATOR TRAINING RECORD

This will confirm that, _____
(Print Full Name)

has received training on _____ in the proper selection, use
and care of the respirator assigned to him/her.

The contents of the training I received were: (check items covered)

_____ Description of Respiratory Protection Program

_____ Responsibilities

_____ Respirator selection principles

_____ No contacts, facial hair allowed (that can interfere with seal)

_____ Hazards of expected contaminants

_____ Medical monitoring principles

_____ Emergency procedures

_____ Respirator donning and use

_____ Respirator care and storage

_____ Cartridge/filter change out schedule

Further, I understand the importance of this program and agree to abide by its contents.

Trainee: _____

Instructor: _____

cc: Dept. File
Environmental Health and Safety