

RESPIRATOR FIT TEST AND TRAINING RECORD

PRIVACY ACT STATEMENT

Authority Sections: 133, 1071-87, 3012, 5031 and 8012 of Title 10. US Code and Executive Order 9397

Principal Purpose for Which Information is Intended: To issue respiratory protection equipment to personnel needing them, to determine if there are medical reasons which would preclude or restrict the use of a respirator, and to compile statistical data, adjudicate claims and determine benefits

Voluntary or Mandatory Disclosure: While disclosure of the requested information is voluntary, if the medical data is not furnished it may result in a decision not to issue a respirator and may, therefore, prevent the employee from performing his/her assigned duties.

NAME (LAST, FIRST, MI)	SSN	AGE	DOB
JOB TITLE	CODE	EXT	
SUPERVISOR	CODE	EXT	

OPERATION:

HAZARDS ASSOCIATED WITH OPERATIONS (Gas, Vapor, Dust, Fume):

FIT TEST/RESPIRATOR ISSUE

DATE			
RESPIRATOR TYPE (HALF OR FULL-FACE... etc.)			
BRAND (MSA, NORTH...etc.)			
SIZE (S, M, L)			
CLEAN SHAVEN			
NEG/POS PRESSURE			
IAA			
IRRITANT SMOKE			
PORTACOUNT			

CARTRIDGE ISSUE AND REPAIR RECORD

DATE			
TYPE			
NUMBER			
ISSUED BY			
REPAIRS			

TRAINING/HAZARD INFORMATION

DATE OF TRAINING	SOP REVIEW _____	A/V TITLE _____
_____	CLASS INSTRUCTION _____	OTHER _____
INDUSTRIAL HYGIENIST	RPPM	QUALIFIED ASSISTANT
FIT TESTED BY:		

EMPLOYEE STATEMENT: I have been instructed in and understand the nature of the potential respiratory hazard described above. I understand that the respirator issued may be used only for the specific operation/hazard for which it was issued. I have been informed of and understand the instructions for the use, fitting and care of this respirator and will return it to the Safety Office for repairs or when it is no longer needed.

EMPLOYEE SIGNATURE	DATE
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