

ACKNOWLEDGEMENT OF TRAINING

Employee's Name: \_\_\_\_\_

Date(s) of Training: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Respirator(s) Involved in Training:

Name: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model Name: \_\_\_\_\_

Number of Cartridges For Which Trained: \_\_\_\_\_

This is to certify that I have received instruction and/or training on the respirator I will be using and that I understand the following:

**Employee  
Initial**

- [ ] The reason for the need of respiratory protection.
- [ ] The nature, extent, and effects of respiratory hazards to which I may be exposed while performing my job.
- [ ] The explanation of why engineering controls are not being applied or are not adequate and what efforts are being made, if possible, to reduce or eliminate the need for respirators.
- [ ] The reason why a particular type of respirator has been selected for a particular respiratory hazard, i.e. the correct respirator to use in different circumstances.
- [ ] The explanation for the operation, capabilities, and limitations of the respirator selected.
- [ ] The instructions given for selecting, inspecting, putting on, checking the fit of, wearing, and taking off the respirator.
- [ ] The instructions for selecting, cleaning, storing, and maintaining the respirator.
- [ ] The use, handling, adjustment, and wearing of the respirator including how to put it on, wear it properly, and check its seals.

- [ ] The instructions given for recognizing and coping with emergency situations, including emergency procedures such as the "additional man" and "standby man" rules.
- [ ] The instructions given for signs of damage and/or indications of malfunction of the respirator.

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Signature

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Date

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Name of Instructor

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