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.

_____
Signature

_____
Date

_____
Name of Instructor