

Please fill out all the blocks below where the print is **BOLD and UNDERLINED**

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| **SUNY Geneseo** |

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| **RESPIRATORY PROTECTION TRAINING RECORD** | |
|  |  | |
| **Employee Name:**  (Please Print) | **Job Title:** | |
| Division/Location: | **Date:**  **\_\_\_\_/\_\_\_\_/\_\_\_\_** | |

**Read Carefully and Initial the Appropriate Block**

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|  | **Half-Face-Cartridge** | **Full Face-cartridge** | **N95 Particulate** | **PAPR (Powered Air Purifying Respirator)** |
| **I have been informed about the nature of the respiratory hazards and the reasons for using the respirator.** |  |  |  |  |
| **I have been instructed in the proper use, limitations,**  **inspection and maintenance of the respirator.** |  |  |  |  |
| **I had the opportunity to wear the respirator in normal**  **air and to check the facepiece fit.** |  |  |  |  |
| **I have tested the fit of the respirator in a test atmosphere generated by saccharin mist, smoke tube or other means and I have been informed of the test results.** |  |  |  |  |
| **I understand that physical obstructions such as beards and other facial hair will prevent proper respirator fit.** |  |  |  |  |

Comments:

Respiratory Protection review with fit test for the respirator(s) listed above, included the following details (This discussion and instruction shall not constitute the subject’s formal training on respirator use because it is only a review):

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| 1) Purpose of respiratory protection. |
| 1. When respirators should be used. 2. Limitations of respiratory protection. |
| 4) Selection and use of respiratory protection. |
| 5) Maintenance and sanitation of respiratory protection. |
| 6) Instruction on proper fit and field testing for proper seal. |
| 7) Fit-testing using irritant smoke test and iso-amyl acetate test. |
| 8) Medical surveillance associated with use of respirators. |
| 9) Conditions, such as facial hair, which prevent a good seal. |
| 10) Actions to be taken when breakthrough or loss of seal occurs. |

I understand the proper use and restrictions for the respirator(s) I have been fit-tested and trained to wear.

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| **Employee Signature:** | **Date:**  \_\_\_\_/\_\_\_\_/\_\_\_\_ |