

## Appendix C

**Appendix C: Respirator Training and Fit-Testing Record for Qualitative Fit Test**

**Section 1 – To be Completed by Employee**

Employee Name	Title	Date
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**Training**

I have received and understood training on each of the subjects checked below: Check

• Review of written Respiratory Protection Program	
• Description of the activities and circumstances for which respirator use is required	
• Importance of proper fit and the consequences of improper fit	
• Importance of proper use, storage and inspection	
• Limitations of this type of respirator	
• Appropriate action if respirator becomes damaged, a leak is detected or breathing becomes difficult	
• Review of manufacturer instruction sheet on proper donning, performing user seal check, and removing respirator	
• How to store respirator and when to discard or reuse	

**Use**

Describe anticipated job assignments for which respiratory protection will be required:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Employee's Name</b>	<b>Signature</b>	<b>Date</b>
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**Section 2 – To be completed by Fit-Tester**

**Check One:**  Initial fit-test  Annual re-test **Test Solution:**  Saccharin  Bitrex

Unable to complete test – list reason \_\_\_\_\_

Failed fit-test-list type of respirator(s) tested

Manufacturer	Model Type	Size

Successfully completed fit test – list type of respirator(s) tested

Manufacturer	Model Type	Size

<b>Fit Tester's Name</b>	<b>Signature</b>	<b>Date</b>
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