

Rainier School District 13
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Code: **EBBC-AR(2)**  
 Revised/Reviewed: Unknown

### Respirator Training Record and Evaluation Forms

Employee Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

I have received training for the following respirator protection devices:

Respirator Brand	Model	Type (Dust/Vapor/SCBA/Etc.)	Field Test Used
1.			
2.			
3.			
4.			

The training included: respiratory hazards, respirator selection, use limitations, maintenance and cleaning.  
 I wore the respirator(s) briefly and learned to check the fit.

\_\_\_\_\_  
 Employee Signature Date

\_\_\_\_\_  
 Training Signature Date

**Refresher Training Conducted:**

Date	Type (Dust/Vapor/SCBA/Etc.)	Employee Initials	Trainer Signature

**RESPIRATOR EVALUATION**

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

The above named employee has been examined by me on the above date. Examination and diagnostic test results indicate no apparent dysfunction or medical condition which would render the employee unfit to wear a respiratory protection device, of the filter type or air supplied type, in the course of his/her employment.

\_\_\_\_\_  
Print Name (Physician)

\_\_\_\_\_  
Physician's Signature