

**Appendix D
Calvin College Respirator
Fit Test and Training Record**

Name of Employee:		
Department:		
Date of Testing:	Name of Test Conductor:	
Respirator issued for protection from:		
Type(s) of cartridge to be used:		
Respirator Selected		
Manufacturer:	Model:	Size:
Testing Agent: Sodium Saccharin() Other _____ ()		
Fit Checks: () Positive () Negative		
Training		
() Employee was informed of the location of the Calvin College written Respiratory Protection Program.		
Employee has been trained and/or understands the following:		
() The nature of the hazard(s) and potential health effects of the toxic substance(s)		
() The limitations of the respirator issued		
() Consequences of not wearing the respirator		
() Monitoring for exposure: environmental and personal		
Hands-on		
() Inspection	() Proper fitting	
() Practice in wearing and adjusting	() Performing job functions	
() Testing the face piece-to-face seal	() Purpose of medical screening	
() Cleaning and disinfecting respirator	() Proper storage procedures	

Inspection					
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Defects Found:	<u>Yes</u>	<u>No</u>	Defects Found:	<u>Yes</u>	<u>No</u>
a. Face piece	_____	_____	g. Filter	_____	_____
b. Inhalation Valve	_____	_____	h. Harness Assembly	_____	_____
c. Exhalation Valve	_____	_____	i. Speaking Diaphragm	_____	_____
d. Headbands	_____	_____	j. Gaskets	_____	_____
e. Cartridge Holder	_____	_____	k. Connections	_____	_____
f. Cartridge/Canister	_____	_____	l. Other Defects	_____	_____

Employee conditions which could affect respirator fit:	
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Clean Shaven	Mustache
Facial Scar	Dentures Absent
Glasses	One-two Day Beard Growth
Two-plus Day Beard Growth	None

Comments

The above mentioned person has: passed the annual qualitative fit-test in accordance with 29 CFR 1910.134 OSHA Respiratory Protection Standard; received the respirator indicated above; inspected the respirator for defects; and has agreed to maintain it/them in good condition and keep in his/her possession at all times.

Signature of Employee:	Date:
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Signature of Test Conductor:	Date:
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