



SAFE.FITTESTING.2.4 Respirator Training Certification

Retraining Due: _____

Associate Name:	
Department:	
FIT Respirator Type Make/Model/Certificate Number	
Provide associate with a current package insert and review the items listed in the table below.	

Instructions for Use Reviewed	Associate Initials	Trainer Initials
Description and Intended Use		
Contraindications		
Limitations of improper FIT, Use or Maintenance		
Respiratory Protection Standard - General Requirements		
Respirator Inspection		
Donning (put on)		
User Seal Check – must be performed prior to each use		
Doffing (take off)		
Maintenance and storage		
Respirators are not to be worn with beards, facial hair, or any other condition that prevents direct contact between the face and the edge of the respirator		
Eye glasses are to be worn in a manner that does not interfere with the seal of the respirator on the face		
Leave the contaminated area when: <ul style="list-style-type: none"> • There is a malfunction of the respirator • If increased breathing resistance of the respirator is noted • Upon illness – including dizziness, nausea, weakness, breathing difficulty, coughing, sneezing, vomiting, fever and chills 		
Retraining is required: <ul style="list-style-type: none"> • Annually • When changes occur in workplace conditions which may affect the use of the respirator • When knowledge and skills are not retained by the associate • When deemed necessary for safe use 		

Associate: _____ Date: _____

Trainer: _____ Date: _____

Manager: _____ Date: _____