

(Firm's Name)

# Employee Respirator Assignment, Fit Test, Training Record, & Consultation (Written Respiratory Protection Program - Attachment #1)

Page: \_\_\_ of \_\_\_

Employee's Name: \_\_\_\_\_

Respirator(s) Assigned Specific make, model, style, & size	Type organic vapor, dust- mist, SCBA or SAR (list approval # & filter types)	Hazard(s) Pesticide(s)	Activity(s) Include factors which may affect Respirator assignment.	Employer Required or Voluntary Supplied (Not required by Label, PC, or Regs)	Date of Fit Test	Type of Fit Test Including Protocol used	Results Pass or Fail & Fit Factor (if applicable)
				<input type="checkbox"/> Employer Required or <input type="checkbox"/> Voluntary Use & Employer Supplied			<input type="checkbox"/> Pass <input type="checkbox"/> Fail <hr/> (Fit Factor)
				<input type="checkbox"/> Employer Required or <input type="checkbox"/> Voluntary Use & Employer Supplied			<input type="checkbox"/> Pass <input type="checkbox"/> Fail <hr/> (Fit Factor)
				<input type="checkbox"/> Employer Required or <input type="checkbox"/> Voluntary Use & Employer Supplied			<input type="checkbox"/> Pass <input type="checkbox"/> Fail <hr/> (Fit Factor)

I have been trained on why respirators are necessary and how improper fit, usage, or maintenance can compromise the protective effect of a respirator; What the limitations and capabilities of the above listed respirator(s) are; How to use the respirator(s) effectively in emergency situations, including situations in which the respirator malfunctions; How to inspect, put on and remove, use, and check the seals of the respirator(s); What the procedures are for maintenance and storage of the respirator(s); How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; And the general requirements of Title 3, CCR 6739.

Furthermore I was consulted about this organization's written respiratory protection program. I was asked if respirators used fit comfortably, were maintained properly, were appropriate for the pesticides used and the working conditions at this work site, and on my views on the respiratory program's effectiveness. My comments on this consultation are as follows: *(use back of page if more space is needed)*

\_\_\_\_\_

Employee's Signature: \_\_\_\_\_

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

Medical Evaluation on file:  
 Yes  No

The employee named above has demonstrated knowledge of the training requirements listed above.

Trainer's Name: \_\_\_\_\_

Trainer's Signature: \_\_\_\_\_