

**Respirator Records for: (Name) \_\_\_\_\_**

<b>Medical Evaluation - Required Once</b> (or if medical changes occur)	
<b>Date of Evaluation</b>	<b>Copy of Written Medical Determination Letter is Attached</b>
	<input type="checkbox"/> Copy of Letter is attached

<b>Training - Required Annually</b> (or when new type of respirator is used)			
<b>Date of Training</b>	<b>Trainer Name</b>	<b>Training Topics</b>	<b>Employee Signature</b>

<b>Fit Testing - Required Annually</b> (or when new type of respirator is used, or changes to employee may affect seal)			
<b>Date of Fit Test</b>	<b>Type of Fit Test</b>	<b>Make, Model, and Size of Respirator Tested</b>	<b>Results of Fit Test*</b>
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative		

\* Pass/Fail for qualitative; fit factor and strip chart recording for quantitative



