Respirator Fit Test Record

Employee name:_____ Date:_____

Employer name:_____ Farm name:_____

Address:_____ County:_____

Medical Clearance Provided By:

Healthcare provider name:_____ Date:_____

Medical clearance recommendation on file?   Yes   No

Respirator Information

Type:_____ Manufacturer:_____

Model:_____ Size:_____

Qualitative Fit Test:

Saccharin_____   Bitrex_____   Isoamyl Acetate_____   Irritant Smoke_____

PASS_____   FAIL_____

Employee Acknowledgement of Results:

Employee's signature:_____ Date:_____

Fit tester's name:_____ Date:_____

Employee Respirator Training Record

Employee name:_____ Date:_____

Employer name:_____ Farm name:_____

Address:_____ County:_____

Respirator training must cover:
1) Why a respirator is necessary
2) How improper fit, usage, or maintenance can negate the respirator's protective effect
3) The respirator's limitations and capabilities
4) How to use the respirator in emergency situations, including in the case of a respirator malfunction
5) How to inspect, put on, remove, and use the respirator
6) How to check the respirator's seal
7) What the procedures are for maintenance and storage of the respirator
8) How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators

I confirm that I have received training on each of the above topics as they pertain to the respirator for which I have been fit-tested:

1)_____   5)_____
2)_____   6)_____
3)_____   7)_____
4)_____   8)_____

Employee's signature:_____ Date:_____

Trainer's name:_____ Date:_____