

# Annual Respirator Review Record

## Part 1: Personal Information

Name		Department	
Campus Address	Phone No.	Email address	
Job Title		Department Supervisor	

## Part 2: Hazard Information

Tasks Requiring the Use of Respirator	
Reason for Using Respirator (air-borne hazards, required by label, etc.)	
Respirator Type (half mask, full facepiece, etc.)	Cartridge Type
Approximate Frequency of Use	

## Part 3: Safety Information

Medical Evaluation Date:	List Significant Changes in Health Since Last Medical Evaluation:		
Date Respiratory Safety Training Completed:	Safety Training Method (lecture, powerpoint, online, etc.):		
Training Content: - Read Respirator Policy at <a href="http://www.gvsu.edu/labsafety">www.gvsu.edu/labsafety</a> - Know the difference between a mask and a respirator. - Identify potential workplace respiratory hazards. - Identify the different types of respirators and situations used and for which hazards. - Understand improper respirator use, fit and maintenance. - Understand the importance of medical evaluations. - Understand the limitations of respirators.		- Understand the importance of respirator fit testing - Knows the importance of a secure fit. - Know to notify management if unable achieve a secure respirator fit due to respirator or physical problems. - Know how to properly don and doff a respirator. - Proper use, care, store, and inspection of a respirator. - Be able to demonstrate a respirator fit check. - Know how to respond effectively in emergency situations including those where the respirator malfunctions.	
Fit Test Date:		Satisfactory Positive Fit Check	
		Satisfactory Negative Fit Check	
		Satisfactory Qualitative Fit Check with Irritant Smoke	

Certified By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name, Title

**RESPIRATORY PROTECTION PROGRAM  
ANNUAL TRAINING**

Trainee Name \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ **Have you reviewed the Written Respiratory Protection Program**  
- <http://www.gvsu.edu/labsafety/respiratory-protection-program-69.htm>

\_\_\_\_\_ **Is the medical evaluation on file still accurate? (Discuss changes to respirator use or medical conditions that would require a medical evaluation)**

\_\_\_\_\_ **Have SDS's been reviewed and is the wearer familiar with medical signs and symptoms of exposure?**  
- The safety data sheets for the chemicals in the workplace should be used to provide information on the health effects and hazards for those materials. The employees should understand be told why the respirator is necessary.

\_\_\_\_\_ **Instruction on Uses and Limitations**  
- Discuss the type and respirator and cartridge and ensure that they are appropriate for the type of chemical. There is not one all-purpose respirator. Your company selected the respirators for your work environment on which you will be trained. The easiest way to review the uses and limitations of the respirator is to read the respirator instructions that come with each respirator package.

\_\_\_\_\_ **Donning instructions and demonstrations, inspection, and respirator maintenance**

\_\_\_\_\_ **User Seal Check** - A user seal check must be conducted each time the respirator is put on.

\_\_\_\_\_ **Fit testing completed**

Certification

*This training included the inspection procedures, fitting, maintenance and limitations of respirators. I understand how the respirator operates and provides protection. I further certify that I understand the instructions relevant to use, cleaning, disinfecting and the limitations of the unit(s). I understand that I will discontinue use of the respirator and report to EHS in the event of physical distress while using the respirator.*

Trainee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Trainer Name, Title: \_\_\_\_\_