SUNBELT CONTROLS

Appendix 23-B
Employee Respirator Use Record

Job Site Location: _____	**Assignment Date:** _____
Employee Name: _____	**Job:** _____

Type/Size of Respirator(s) Assigned _____

Emergency Use Respirator: _____

Conditions of Use: _____

Type of Fit Test: _____

Estimated Frequency of Cartridge/Filter or disposable Respirator Replacement:
_____

I understand that I am responsible for and agree to:

- Regular use of my respirator whenever there is a possibility I may be exposed to air contaminants
- Doing a positive/negative pressure fit test whenever I use a cartridge/filter respirator
- Cleaning, inspection and proper storage of my respirator at the end of each workday
- Reporting respirator malfunctions to my supervisor
- Regular training on respirator use

Training Provided

☐ Respirator Use	☐ Inspection	☐ Types and Levels of Contaminants
☐ Cleaning	☐ How to fit	☐ Manufacturer Provided Training
☐ Emergency Procedures/Drills	☐ Maintenance	

This is to certify that I have been trained or drilled in the above marked areas.

_____ Training Date

_____ Employee Signature

This record to be maintained by the Risk Manager