

RESPIRATORY TRAINING LOG

EMPLOYEE NAME: _____ SS # _____

DEPARTMENT: _____ DIVISION: _____ SECTION: _____

SUPERVISOR: _____ TYPE OF RESPIRATOR USED: _____

| SUBJECT OF TRAINING SESSION | DATE | EMPLOYEE SIGNATURE |
|---|-------|--------------------|
| Training criteria for the respirator wearer | | |
| <input type="checkbox"/> The reason for the need of respiratory protection | _____ | _____ |
| <input type="checkbox"/> The nature, extent and effects of respiratory hazards to which the employee may be exposed | _____ | _____ |
| <input type="checkbox"/> An explanation of why exhaust systems and ventilation are not adequate | _____ | _____ |
| <input type="checkbox"/> Explanation of what effort is being made to reduce the need for respirators | _____ | _____ |
| <input type="checkbox"/> An explanation of the operations and capabilities and limitations of the respirator selected | _____ | _____ |
| <input type="checkbox"/> Instruction in inspecting the respirator and filling out inspection form | _____ | _____ |
| <input type="checkbox"/> Hands-on inspection of their respirator | _____ | _____ |
| <input type="checkbox"/> Instruction on cleaning and maintenance of the respirator | _____ | _____ |
| <input type="checkbox"/> Hands on cleaning and reassembly and maintenance of the respirator | _____ | _____ |
| <input type="checkbox"/> Instruction on donning and doffing the respirator | _____ | _____ |
| <input type="checkbox"/> Hands-on opportunity for donning and doffing their respirator | _____ | _____ |
| <input type="checkbox"/> Instruction on performing a seal check | _____ | _____ |
| <input type="checkbox"/> Hands on opportunity to perform a seal check on their respirator | _____ | _____ |
| <input type="checkbox"/> Hands on opportunity to wear the respirator in a safe atmosphere | _____ | _____ |
| <input type="checkbox"/> Hands on opportunity to wear the respirator in a test atmosphere | _____ | _____ |
| <input type="checkbox"/> An explanation or how maintenance and storage of the respirator is carried out | _____ | _____ |
| <input type="checkbox"/> Instructions on how to recognize and cope with emergency situations | _____ | _____ |
| <input type="checkbox"/> Instructions on their section's emergency procedures to be followed | _____ | _____ |
| Training criteria for the supervisor of respirator wearers | | |
| <input type="checkbox"/> Regulations concerning respirator use and the City's policy | _____ | _____ |
| <input type="checkbox"/> Basic respiratory protection practices | _____ | _____ |
| <input type="checkbox"/> Nature and extent of respiratory hazards to which persons under your | _____ | _____ |

RESPIRATORY TRAINING LOG

supervision may be exposed

- The principal criteria for selecting respirators
- The training of the respirator wearer
- The use of respirators; their limitations and capabilities
- Respiratory protection record keeping and medical surveillance
- The maintenance and storage procedures of respirators
- Review of your sections emergency procedures for respirator wearers

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