



<b>TRAINING</b>	
Name: (PLEASE PRINT)	Training Date:
UFID:	Department: <i>ANIMAL CARE SERVICES</i>
Instructor:	<input checked="" type="checkbox"/> Training Completed On-line
The contents of the training I received were: (check items covered)	
<input checked="" type="checkbox"/> Description of Respiratory Protection Program <input checked="" type="checkbox"/> Responsibilities <input checked="" type="checkbox"/> Respirator selection principles <input checked="" type="checkbox"/> No facial hair allowed (that can interfere with seal) <input checked="" type="checkbox"/> Hazards of expected contaminants	<input checked="" type="checkbox"/> Medical monitoring principles <input checked="" type="checkbox"/> Emergency procedures <input checked="" type="checkbox"/> Respirator donning and use <input checked="" type="checkbox"/> Respirator care and storage <input checked="" type="checkbox"/> Cartridge/filter change out schedule
Participant Signature:	

*This portion to be completed by Environmental Health & Safety*

<b>FIT TEST RECORD</b>					
Fit Test Date:		Test Type: Qualitative-Test Agent Used:			
Airborne Contaminants: (list)					
<input type="checkbox"/> Organics _____ _____ _____	<input type="checkbox"/> Acids / Bases _____ _____ _____	<input type="checkbox"/> Asbestos <input type="checkbox"/> Biologicals _____ Other	<input type="checkbox"/> Pesticides _____ _____	Is employee in pesticide monitoring program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Respirator Type:					
<input type="checkbox"/> N-95	<input type="checkbox"/> ½ Face APR	<input type="checkbox"/> Full Face APR	<input type="checkbox"/> Powered APR	<input type="checkbox"/> SCBA	<input type="checkbox"/> Other-Specify:
Brand:			Size:		
Results:		<input type="checkbox"/> PASS		<input type="checkbox"/> FAIL	
Person Conducting Test:					