

PLYMOUTH COMMUNITY SCHOOL CORPORATION

ACKNOWLEDGEMENT OF TRAINING

Employee's Name: _____

Date(s) of Training: _____

Instructor's Name: _____

Respirator(s) Involved in Training:

Name: _____

Manufacturer: _____

Model Name: _____

Number of Cartridges For Which Trained: _____

This is to certify that I have received instruction and/or training on the respirator I will be using and that I understand the following:

Employee
Initial

- The reason for the need of respiratory protection
- The nature, extent, and effects of respiratory hazards to which I may be exposed while performing my job.
- The explanation of why engineering controls are not being applied or are not adequate and what efforts are being made, if possible, to reduce or eliminate the need for respirators.
- The reason why a particular type of respirator has been selected for a particular respiratory hazard, i.e. the correct respirator to use in different circumstances.
- The explanation for the operation, capabilities, and limitations of the respirator selected.
- The instructions given for selecting, inspecting, putting on, checking the fit of, wearing, and taking off the respirator.
- The instructions for selecting, cleaning, sorting, and maintaining the respirator
- The use, handling, adjustment, and wearing of the respirator including how to put it on, wear it properly, and check its seals.
- The instructions given for recognizing and coping with emergency situations, including emergency procedures such as the "additional man" and "standby man" rules.

[] The instructions given for signs of damage and/or indicators of malfunction of the respirator.

Signature

Date

Name of Instructor