

# Sample Respirator Training Record

Employee Name (printed): \_\_\_\_\_

I certify that I have been trained in the use of the following respirator(s):

Respirator Name	Respirator Model Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This training included the inspection procedures, fitting and limitations of the above respirator. I understand how the respirator operates and provides protection. I further certify that I have heard the explanation of the respirator as described above and I understand the instructions relevant to use and the limitations of it.

Employee Signature: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_