



**Appendix 23-B**  
**Employee Respirator Use Record**

<b>Job Site Location:</b> _____	<b>Assignment Date:</b> _____
<b>Employee Name:</b> _____	<b>Job:</b> _____

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**

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Respirator Use              | <input type="checkbox"/> Inspection  | <input type="checkbox"/> Types and Levels of Contaminants |
| <input type="checkbox"/> Cleaning                    | <input type="checkbox"/> How to fit  | <input type="checkbox"/> Manufacturer Provided Training   |
| <input type="checkbox"/> Emergency Procedures/Drills | <input type="checkbox"/> Maintenance |   |

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

\_\_\_\_\_  
Training Date

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