WPS Requirements for Respirator Recordkeeping

Name of Handler: ________________________________

Medical Evaluation  Attach copy of written medical determination and retain for at least two years, or until a subsequent medical evaluation is conducted.

Medical Determination attached? (circle one)  __Y__  or  __N__

Date received: ____________________________

Valid until: _____________________________

Annual Fit Test
Respirator Tested:  Make: ________________________________

                    Model: ___________________________  Size: _______________________

Date of fit test: ____________________________

Type of Fit test performed: (circle one)   Qualitative  or  Quantitative

Name of individual conducting fit test: ______________________________________________

Results of fit test:
Qualitative: (circle one)  __Pass__  or  __Fail__

Quantitative:  Fit factor number: ______  Strip chart record attached?  __Y__  or  __N__

               __Pass__  or  __Fail__

Annual Respirator Training

Date of Training: ____________________________

Trainer's Name: __________________________________

Were all Training Topics covered?  __Y__  or  __No__  (see back for required topics)

Handler Signature: __________________________________

Employer Signature: __________________________________

(if applicable)

For questions please contact the Board of Pesticides Control at: 207-287-2731, or email at pesticides@maine.gov
Annual Respirator Training

Handlers must be trained in the use of each respirator they will be using and demonstrate knowledge of the following elements. Please be able to answer the following questions.

Why is this specific respirator necessary and how can improper fit, usage, or maintenance compromise the protective effect of the respirator?

What are the capabilities and limitations of the respirator?

How do you select cartridges/canisters and know the schedule for changing?

How do you use the respirator in emergency situations, including when the respirator malfunctions?

How do you inspect, put on, remove, use, and check the seals of the respirator?

What are the respirator maintenance and storage procedures?

How do you recognize medical signs/symptoms that may limit or prevent the effective use of the respirator?

**Respirator retraining is required annually and when: workplace conditions change, a new type of respirator is used, or inadequacies in the employee’s knowledge or use indicate the need to retrain.**

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