WPS Requirements for Respirator Recordkeeping

Name of Handler:
<u>Medical Evaluation</u> 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 orN
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 orFail
Quantitative: Fit factor number: Strip chart record attached?Y orN
Pass orFail
Annual Respirator Training
Date of Training:
Trainer's Name:
Were all Training Topics covered?Y orNo (see back for required topics)
Handler Signature:
Employer Signature: (if applicable)



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.