

**PURDUE UNIVERSITY  
RESPIRATORY PROTECTION PROGRAM**

**TRAINING RECORD**

(Please Print)

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
PUID #: \_\_\_\_\_

<input type="checkbox"/> Negative Pressure Respirator <input type="checkbox"/> Powered Air Purifying Respirator <input type="checkbox"/> Supplied Air Respirator	<input type="checkbox"/> Filtering Face Piece <input type="checkbox"/> Self Contained Breathing Apparatus
Manufacturer: _____ Model: _____ Size: _____	<input type="checkbox"/> Full-Face <input type="checkbox"/> Half-Mask <input type="checkbox"/> Hood <input type="checkbox"/> Qualitative Fit Test <input type="checkbox"/> Quantitative Fit Test

**I have been fitted with a respiratory protection device and have received respiratory protection training which included the following elements:**

- The reasons respiratory protection is needed
- The nature, extent, and effects of respiratory hazards I may be exposed to
- An explanation of why engineering controls are not being applied or not adequate and what effort is being made to reduce or eliminate the need for respirators
- An explanation of why a particular type of respirator has been selected for a specific respiratory hazard
- An explanation of the operation, capabilities, and limitations of the respirator I will be using
- Instruction in inspecting, donning, checking the fit of, and wearing the respirator
- An opportunity to handle the respirator, learn how to don and wear it properly, and complete positive and negative fit check for negative-pressure respirators
- An explanation of how respirator maintenance and storage is done
- Instructions in how to recognize and cope with emergency situations
- Regulations concerning respirator use and reference to Purdue's written Respiratory Protection Program

**I understand that my responsibilities in wearing a respirator include:**

- Using the respirator in accordance with instructions and training received
- Guarding against damage to the respirator
- Reporting any malfunction to my immediate supervisor

**I understand that I may leave work areas where the respirator is required and seek relief, when necessary, in cases of:**

- Equipment malfunction
- Undue physical or psychological distress
- Procedural or communication failures
- Significant deterioration of operational conditions
- Any other condition which might require such relief

Employees Signature: \_\_\_\_\_

Trainer's Signature: \_\_\_\_\_