**APOLLO RESPIRATORY PROTECTION TRAINING CHECKLIST (AISH 32-C.1)**

**Mandatory Only**

User’s name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainer’s name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Medical Evaluation: Yes (*date*)\_\_\_\_\_\_\_\_\_\_\_ No
2. Fit Tested: Yes (*date*)\_\_\_\_\_\_\_\_\_\_\_ No
3. Training: Mandatory Voluntary (complete other side)

**NIOSH Approved Respirator Information:** Type\_­­­\_\_\_\_\_ Manufacture\_\_\_\_\_\_\_\_\_ Size\_\_\_\_\_\_\_

1. **When is a respirator necessary?**
	1. When it’s required by the SDS
	2. When the PEL is exceeded
	3. When it’s required by company policy
	4. All of the above
2. **True or False:** The results of the preliminary workplace hazard assessment, knowledge of the chemical, extent of use, levels in the air and Permissible Exposure Level (PEL) will determine the type of respirator and cartridge used.
3. **The following can affect the effectiveness of the respirator:**
	1. Improper fit
	2. Improper usage
	3. Facial hair
	4. Lack of maintenance
	5. All of the above
4. **True or false:** facial hair is permitted while using a respirator for mandatory use.
5. **Respirators should be the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ line of defense to control respirable hazard.**

a. First b. Last c. Only d. We don’t conduct work that requires respiratory protection

1. **True or False:** All cartridges are the same, so it does not matter what color I get and can intermix styles from different manufacturers.
2. **True or False:** The fit test is for the specific make, model, and size of the respirator. If one of those changes a new fit test is required.
3. **Limitations of air-purifying respirators include:**
	1. Must be changed regularly
	2. The right cartridge for the contaminant of concern must be chosen
	3. Use in oxygen deficient atmosphere
	4. They may not provide adequate protection in confined spaces, major leaks/spills, or for certain highly toxic chemicals
	5. All of the above
4. **You must inspect your respirator prior to each use for the following:** (circle all that apply)
	1. Filters are tight/correct for the hazard
	2. View windows are clear
	3. Valves, regulators and buckles are tight
	4. Positive and negative seal check
5. **True or False:**Respirators must be cleaned after each use and stored in a clean, dryroom out of direct sunlight.
6. **True or False:** If someone is breathing heavily, sweating profusely, fidgeting, dizzy, and/or having a panic attack stay calm and get them to a safe area prior to removing the respirator.

I have been trained and understand the above information

**Trainer only**

Witnessed respirator wearer don/doff respirator correctly and seal check effectively **Initial\_\_\_\_\_\_\_\_\_\_\_**

Score:

Circle one: Pass Fail

I have received a copy of PLHCP Medical Recommendations (Medical Clearance)

Reviewed AISH 32

User’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Trainer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**APOLLO RESPIRATORY PROTECTION TRAINING CHECKLIST (AISH 32-C)**

**Voluntary Only**

User’s name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainer’s name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Medical Evaluation: N/A (for voluntary use only)
2. Fit Tested: N/A (for voluntary use only)
3. Training: Voluntary

**NIOSH Approved Filtering Face-piece Respirator ‘Dust Mask’:** Yes\_­­­\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

1. **True or False:** In situations where respirator use is not mandatory, NIOSH approved filtering face-piece respirator (dust mask) may be used if the employee chooses. No other type of respirators shall be used.
2. **True or False:** Filtering face piece respirators protect you from airborne dust, spray, mist, fog, fume or aerosol particulates, not solvent vapor, gas or oxygen deficiency.
3. **For voluntary respirator use, the following are required:**
	1. Medical clearance
	2. Fit test
	3. Training
	4. All of the above
4. **The following can affect the effectiveness of the respirator:**
	1. Improper fit
	2. Improper usage
	3. Lack of maintenance
	4. All of the above
5. **True or false:** facial hair is permitted while using a filtering face-piece respirator (dust mask) for voluntary use.
6. **True or False:** one disadvantage is that filtering face-piece respirator (dust mask) are a one-size-fits-all.
7. **The following must be inspected prior to each use:**
	1. Tears and rips
	2. Cleanliness
	3. Elasticity of the head band
	4. All of the above
8. **True or False:** afiltering face-piece respirator (dust mask) must be cleaned after each use.
9. **Filtering face piece respirators** **are effective in:**
	1. Emergency situations
	2. Oxygen deficient atmospheres
	3. Dusty areas
	4. All of the above
10. **True or False:** Sharing filtering face-piece respirator (dust mask) is permitted at Apollo.
11. **True or False:** If someone is breathing heavily, sweaty, fidgeting, and/or having a panic attack you need to stay calm and get them to a safe area prior to removing the respirator.

I have been trained and understand the above information

I understand that this training expires one year from today

I have received a copy of Appendix D (for voluntary use only)

Reviewed AISH 32

User’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Trainer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_