



## RESPIRATORY PROTECTION PROGRAM – APPENDIX G

### LIST OF DEPARTMENT RESPIRATOR USERS

**Department:** \_\_\_\_\_

Keep this or a similar record posted, or in department files.

Each user is required to receive an initial Medical Clearance, and to annually attend Respirator Training and Fit-testing.

	Name	Employee #	Medical Clearance Date	Respirator Training Date	Fit Test Date
	<i>Example - "Abby Jones"</i>	<i>"00011111"</i>	<i>01/01/2002</i>	<i>01/04/2002</i>	<i>01/04/2002</i>
1.					
2.					
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15.					

The above information is accurate to the best of my knowledge:

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Supervisor Name (Printed)*

\_\_\_\_\_ *Supervisor Signature*