

SECTION 1: GENERAL INFORMATION

Name:	Employee #:
Job Title:	Phone/Pager:
Dept/Location:	Cost Center:
Supervisor:	Phone/Pager:

Did you complete the "Respirator Medical Evaluation Questionnaire" provided by Employee Health Services (EHS) at the time of hire or any point during employment? Yes No¹

¹If you answered NO to the above question, call EHS (916-734-3572) for an appointment to get a medical evaluation before the fit test is performed.

Do you have any cardiac or lung problem, allergy, or claustrophobia condition that has precluded you from wearing a surgical mask or any condition you think a physician should evaluate to determine your fitness to wear a respirator? No Yes²

²If you answered YES to the above question, call EHS (916-734-3572) for an appointment to get a medical evaluation before the fit test is performed.

SECTION 2: PAPR TRAINING

General Requirements of Cal/OSHA Respiratory Protection Standard (5144): (review items and checkbox)	<input type="checkbox"/> How to get a PAPR if Needed <input type="checkbox"/> Reasons to Wear a PAPR <input type="checkbox"/> Consequences of Improper Use or Maintenance <input type="checkbox"/> Limitations of a PAPR	<input type="checkbox"/> Medical Signs and Symptoms that Limit Use <input type="checkbox"/> Inspection, Donning and Use <input type="checkbox"/> Maintenance, Disinfection, and Storage <input type="checkbox"/> Doffing
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PAPR Models		
3M Versaflo TR-300 (Helmet or Hood) <i>Used in Patient Care Areas</i>	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
3M Versaflo TR-600 (Helmet or Hood) <i>Used for Chemical Exposures</i>	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
MaxAir CAPR <i>Used in Operating Room Settings</i>	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
Sundstrom Safety PAPR <i>Used in the Central Plant</i>	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
Other PAPR:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL

By signing the PAPR Training form, I document that I have read the information and instructions in this package and contact my supervisor if I have any questions. I understand that I am responsible for the following:

1. Know where to obtain the PAPR model you were trained in.
2. Using a PAPR whenever there is a possibility that I might be exposed to an air contaminant.
3. Proficiently donning and doffing the PAPR as I was trained.

Trained By:	Employee's Signature:			
Date of Training:	Respiratory Protection Card was provided or updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	For Department Use Only:	Entered into Maskfit: <input type="checkbox"/> Yes <input type="checkbox"/> No
				Initials: _____ Date: _____

NOTE: DEPARTMENTS ARE RESPONSIBLE for maintenance of the Fit Testing Program, including tracking the in-service training and fit testing dates. These records, including this package, are subject to review by Cal/OSHA. Re-training and fit testing are due on or before 12 months (1 year) from the last training and fit testing date. Managers are responsible for entering employee fit test records in the [Fit Test Database](#) at the EH&S Website.