



Respirator Qualification Card

EHSS-Phos Program – Respiratory Protection, Appendix G

Employee Name (print): _____

Employee ID: _____

Training Date _____

Fit Test Date: _____

Medical Exam Date: _____

Certified by (print): _____

Expiration Date: _____

Respirator Information:

	Full Face	Half Face	PAPR	Dust Mask
Type:				
Model:				
Size:				
Fit Tested by (print):				