



# WPS Training Records

Date of Training	Trainer Name	Trainer Qualification *	Employer	Training Materials Used	Employee Name	Employee Signature

\* Retain documentation of qualification (Certified Applicator card or Train the Trainer Certificate) for at least 2 years.

Respirator Records for: (Name) \_\_\_\_\_

<b>Medical Evaluation - Required Once</b> (or if medical changes occur)	
Date of Evaluation	Copy of Written Medical Determination Letter is Attached
	<input type="checkbox"/> Copy of Letter is attached

<b>Training - Required Annually</b> (or when new type of respirator is used)		
Date of Training	Trainer Name	Employee Signature
	Training Topics	

<b>Fit Testing - Required Annually</b> (or when new type of respirator is used, or changes to employee may affect seal)		
Date of Fit Test	Type of Fit Test	Results of Fit Test*
	Make, Model, and Size of Respirator Tested	
	<input type="checkbox"/> Qualitative	
	<input type="checkbox"/> Quantitative	
	<input type="checkbox"/> Qualitative	
	<input type="checkbox"/> Quantitative	
	<input type="checkbox"/> Qualitative	
	<input type="checkbox"/> Quantitative	
	<input type="checkbox"/> Qualitative	
	<input type="checkbox"/> Quantitative	

\* Pass/Fail for qualitative; fit factor and strip chart recording for quantitative