



RESPIRATOR ROSTER

Employee Name: _____

Project/Work Site: _____

Date of First Use: _____

Initial Medical Evaluation: _____

Fit Testing: _____

Type of Respirator: _____

Type of Test: _____

Respirator Training: _____

Retraining: _____

Dates of Usage:

DATE	TYPE OF RESPIRATOR	Comments
9-23-2017	3M N95 8515	30 minute us of wet delivery jackhammer indoors