

N95 Respirator Training and Fit Testing Verification

Facility: _____ Date: _____

Employee: _____

Has successfully passed a qualitative/quantitative fit test and completed training in the appropriate use, limitations and application of this respirator.

Manufacturer: _____

Model: _____ Size: _____

Trainer Signature: _____



Through the OSHA and AOHP Alliance, AOHP developed this card for informational purposes only. It does not necessarily reflect the official views of OSHA or the U.S. Department of Labor. 8/2009

Personal Protective Equipment (PPE) Safety Tips

Donning Instructions

- Wash hands
- Don PPE in proper order (*gown, mask/respirator, goggles/face shield, gloves*)
- **Always** perform a face seal check before entering room (*follow manufacturer's recommendations to check for leakage*)

Doffing/Removal Instructions

- Remove PPE in proper order (*gloves, goggles/face shield, gown, mask/respirator*)
- Dispose of PPE in designated container
- Wash hands

Note: Annual fit testing is required to re-verify appropriate respirator fit

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