|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee** | **Medical Evaluation** | **OK to wear****Rec’d** | **Fit Test Conducted and Passed?** | **Training****Completed** | **Inspected Proper Use** | **Inspected****Storage Procedures** | **Inspected****Cleaning****Procedures** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |