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