

# Respirator Fit Test Form

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<b>LS COURSE NAME:</b>	RTA Respirator Fit Test	<b>QUAL CODE:</b>	Full Face	30923869	<input type="checkbox"/>
			Half Face	30923870	<input type="checkbox"/>
			Disposable P2	30923871	<input type="checkbox"/>

EMPLOYEE TO COMPLETE					
<b>Full Name:</b>					
<b>SAP ID:</b>					
<b>Contractor:</b>	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<b>Company Name:</b>		

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

TRAINER / ASSESSOR TO COMPLETE	
<b>Full Name :</b>	
<b>Position:</b>	
<b>Select Result:</b>	<input checked="" type="checkbox"/> YES 100% Correct <input type="checkbox"/> Further Training Required
<b>List Further Training Required:</b>	

Trainer/Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**(FORWARD ALL PAPERWORK TO THE LEARNING AND DEVELOPMENT TEAM)**

LEARNING & DEVELOPMENT TO COMPLETE (LMS Administrator to enter in the LMS)			
<b>Name :</b>		<b>Date entered in LMS:</b>	____ / ____ / ____

LMS Administrator Signature: \_\_\_\_\_
