

Respirator Fit Test Form

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

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

Employee Signature: _____ Date: ____ / ____ / ____

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

Trainer/Assessor Signature: _____ Date: ____ / ____ / ____

(FORWARD ALL PAPERWORK TO THE LEARNING AND DEVELOPMENT TEAM)

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

LMS Administrator Signature: _____
