

Respirator Fit Test Form

Document ID: OH-FRM-11.04

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 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: _____
