



## Appendix C

### CLARK COUNTY SCHOOL DISTRICT RESPIRATOR TRAINING RECORD

I, (Please print your name) \_\_\_\_\_ certify that I  
have been trained in the use of:

- Half-Mask Air Purifying Respirator
- Full-Face Air Purifying Respirator
- PAPR (Powered Air Purifying Respirator)
- Supplied Air

This training included the inspection procedures, fitting, wearing maintenance, and limitations of the above respirator(s). I further certify that I have heard the explanation of the unit(s) as described above and understand the instructions relevant to the respirators issue, wear maintenance, and the limitations of this/these piece(s) of respiratory equipment.

Trainee's Printed Name \_\_\_\_\_

Trainee's Signature \_\_\_\_\_

Trainee's Department Location and Number \_\_\_\_\_

Trainer's Printed Name \_\_\_\_\_

Trainer's Signature \_\_\_\_\_

Date \_\_\_\_\_