



Certificate of Respirator Training

This is to certify that:

_____ has been fit tested and trained in the use, limitations, and maintenance of Moldex respirators.

Supervisor/Instructor

Employer _____ Date _____

Employee Number _____ Department/Position _____

Respirator Model Number _____

Size : Extra Small Small Medium Medium/Large Large Low Profile

NIOSH Approval Number _____

Respirator Fit Test

Quantitative (PORTACOUNT) Fit Factor: _____ Pass Fail

Qualitative Type: _____ Pass Fail

Other _____ Pass Fail

Comments: _____

I acknowledge having received this Respirator Training while an employee of

Company _____

Print Employee Name _____

X _____

Signature

Date