11.23 Silica Control & Respiratory

Training Verification Sheet

I certify that I have been trained and informed about the following aspects of respiratory protection associated in my work as required by the company’s written respiratory protection program.

To confirm my understanding of such training and instructions ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Trainer) reviewed them with me and he/she indicates his/her satisfaction by checking the box below before each topic listed below:

**Respiratory Training Points:**

* Explanation of Martin’s written respiratory program.
* Areas in our line of work in which respirators are required.
* How to properly wear the respirator.
* Disposal and cleaning techniques of respirators.
* Physical and health effects in not wearing a respirator when required.
* How to properly inspect respirator before wearing.

**Silica Control Training Points:**

* Hazards associated with exposure to silica dust.
* Symptoms of silica related diseases.
* General silica exposure reductions methods reference in *Table 1*.
* The use of specific control systems.
* The use and care of respiratory and PPE.
* How to seek first aid.

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Employee Name Employee Signature

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Date Attested Name of Trainer

Note to employee: This form will be made a part of your personnel file. Please read and understand its contents before signing.