

EDMC Safety & Health, LLC
PO Box 10825
Pittsburgh, PA 15236
(412) 922-6844

Training

OSHA Respiratory Protection Training with Fit Testing Records

Please find your attendance records for the above OSHA training.

- Any employee who must wear a respirator during the course of performing their work functions must first have a medical exam to determine that he or she is medically able to wear respiratory protection equipment. This exam should be repeated periodically, such as annually. You must retain records verifying these examinations. You may opt to have the employee complete an Initial Medical Questionnaire and then annually thereafter a Periodic Questionnaire. If you choose to complete an on-line medical evaluation questionnaire. While we do not endorse any company, a fast and cost efficient medical evaluation can be located at:

<http://www.ohsinc.com/respiratorcertificationrespiratormedicalcertificationonline.htm>

- **If any employee was not fit tested due to excessive facial hair, it is your responsibility to reschedule a fit test with EDMC Safety & Health once that employee is clean shaven.** (Please look at each individual acknowledgment form to determine if any employees are affected)
- Finally, we remind you that you have a legal responsibility to provide the appropriate and required Personal Protective Equipment to your employees.

You must retain a copy of the attached training attendance sheet(s) as well as each individual acknowledgment form for your records in the event of an OSHA inspection. We will maintain the originals in our office.

Make sure all newly hired employees are briefed on each and every safety and health program in place at your organization. The employee must have an opportunity to review and discuss any questions they may have prior to completing the acknowledgment form. The completed acknowledgment form must be filed in the respective personnel file.

If you have any questions regarding these standards, please do not hesitate to contact my office.

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ATTENDANCE RECORD

RESPIRATORY PROTECTION TRAINING WITH FIT-TESTING

Client Name: Woltz and Wind Ford

Client Address: 2100 Washington Pike

Heidelberg, PA 15106

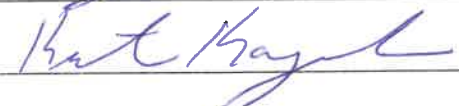
Date of Training: 6/28/2023 Time of Training: 8:30AM

Signature of Trainer:  STEFAN DEPORE

Please print and sign your name on the designated lines to verify your participation in the above-named training program, including receipt of training materials.

PRINT

SIGN

1. Robert Thomas 
2. Kristen Kaczmarek 
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
- _____

Enhanced Personal Protection Equipment Respiratory Protection Training and/or Fit Testing

Acknowledgment of Receipt

I acknowledge, by my signature, that I have received, read and been given an opportunity to discuss any questions I may have regarding the above-named training programs conducted by **EDMC Safety & Health, LLC.**

I also acknowledge that the Respiratory Protection training program included a demonstration of fit testing, donning, doffing, adjusting and wearing of the equipment.

Further, I acknowledge that it is my employer's obligation to provide this equipment, but my duty as an employee to use the equipment when performing a function or using a product when the equipment is required by OSHA. I recognize that a failure to do so could result in discipline up to and including dismissal.

Finally, I acknowledge that it is my duty to care for and maintain the equipment in a manner consistent with the instructions I have received here today, as well as any instructions that accompanied the equipment upon issuance.

I understand the equipment I use is the property of my employer.

Print Name in Ink Robert E Thomas

Signature [Signature]

Company/Employer Name Waltz and Wind Ford.

Date of Training and/or Fit Testing 6-28-23.

COMPLETE IF FIT TESTING WAS CONDUCTED:

Type of Test Performed: Qualitative Fit Test (OLFT)

Make/Model/Style/Size of Respirator: 3M DUAL CARTRIDGE HALF MASK
P95/LARGE

Clean Shaven Face: ☒ YES ☐ NO

Comments: _____

Results of the Test: ☒ PASS ☐ FAIL

Conducted by: [Signature] STEFAN DEPORT

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I understand the equipment I use is the property of my employer.

Print Name in Ink Kristen Kaczmarek

Signature [Signature]

Company/Employer Name woitz + wind

Date of Training and/or Fit Testing 6/28/23

COMPLETE IF FIT TESTING WAS CONDUCTED:

Type of Test Performed: Qualitative Fit Test (OLFT)

Make/Model/Style/Size of Respirator: 3M / DUAL CARTRIDGE HALF MASK
P95 / MEDIUM

Clean Shaven Face: ☒ YES ☐ NO

Comments: _____

Results of the Test: PASS ☒ FAIL ☐

Conducted by: [Signature] STEFAN DEPORE