

EDMC Safety & Health, LLC
P.O. 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: Shults Ford Harmarville

Client Address: 1300 Gulf Lab Rd.

Pittsburgh, PA 15238

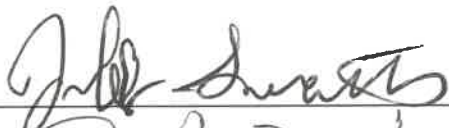
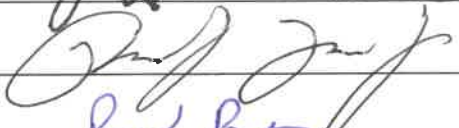
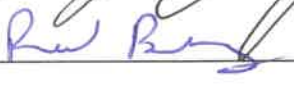
Date of Training: 6/3/2022 Time of Training: 1:00 p.m.

Signature of Trainer: Chris Zanetti 

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

- | PRINT | SIGN |
|---------------------------|--|
| 1. <u>Jeff Swartz</u> |  |
| 2. <u>Robert Frankent</u> |  |
| 3. <u>Dave Bakaj</u> |  |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |

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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 Jeff Swartz

Signature Jeff Swartz

Company/Employer Name SHULTZ FOOD Harmerville

Date of Training and/or Fit Testing 6/2/22

COMPLETE IF FIT TESTING WAS CONDUCTED:

Type of Test Performed: Qualitative Fit Test (OLFT)

Make/Model/Style/Size of Respirator: 3M Dual Cartridge
APR size L model 5301

Clean Shaven Face: YES ☒ NO

Comments: _____

Results of the Test: ☒ PASS ☐ FAIL

Conducted by: Chris Zanetti

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Print Name in Ink

ROBERT FRANKERT

Signature

[Handwritten Signature]

Company/Employer Name

~~EDMC~~ SHULTS FORD HARMERVILLE

Date of Training and/or Fit Testing

6/3/22 Fit test on 7/12/22

COMPLETE IF FIT TESTING WAS CONDUCTED:

Type of Test Performed: Qualitative Fit Test (OLFT)

Make/Model/Style/Size of Respirator:

Size Large APR 3M Dual cartridge model 5301

Clean Shaven Face:

☒ YES

☐ NO

Comments:

Results of the Test:

☒ PASS

☐ FAIL

Conducted by:

Chris Zane + ti

[Handwritten Signature]

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

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Print Name in Ink David C. Baker

Signature 

Company/Employer Name Shultz Ford Hermarville

Date of Training and/or Fit Testing 6-2-22

COMPLETE IF FIT TESTING WAS CONDUCTED:

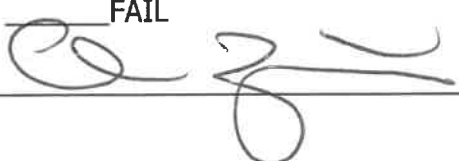
Type of Test Performed: Qualitative Fit Test (OLFT)

Make/Model/Style/Size of Respirator: 3M Dual Cartridge
APR Size L model 5301

Clean Shaven Face: ☒ YES ☐ NO

Comments: _____

Results of the Test: ☒ PASS ☐ FAIL

Conducted by: Chris Zanetti 

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Print Name in Ink Edgar Hays

Signature [Signature]

Company/Employer Name Shirley Ford / Hormer's

Date of Training and/or Fit Testing 6/3/22

COMPLETE IF FIT TESTING WAS CONDUCTED:

Type of Test Performed: Qualitative Fit Test (OLFT)

Make/Model/Style/Size of Respirator: 3M Dual canister ridge
APR size L model 5200

Clean Shaven Face: ☒ YES ☐ NO

Comments: _____

Results of the Test: ☒ PASS ☐ FAIL

Conducted by: Chris Zanetti [Signature]