UCONN
ENVIRONMENTAL HEALTH AND SAFETY

Annual PAPR Familiarization Form

TRAINER: _____ **PAPR MANUFACTURER:** _____

DATE: _____ **PAPR MODEL:** _____

Print Employee First & Last Name **(Must Be Legible)**	**Employee Signature**	Has Completed **Annual** Review of PAPR Familiarization*	Has Completed **Annual** Refresher Respiratory Protection Training	Has Completed **Annual** Respiratory Medical Questionnaire & Received Clearance Form

*** Training must include reviewing use, inspection, maintenance, care of respirator, battery care, and departmental procedures.**

**** Submit this form to EHS (ehs@uconn.edu) or James Blum (james.blum@uconn.edu) to receive credit for training**