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| **Task Training Checklist** |
| **Employee Name:** |  |  **Emp. ID No.:** |  |
| **Task Name:** | **NH15 Escape Respirator Use** |
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|  |[ ]  Employee understands the 15 minute protection period. |
|  |[ ]  Employee understands donning procedure. |
|  |[ ]  Employee is aware of doffing procedure. |
|  |[ ]  Employee understands inspection procedures of NH15 vacuum sealed bag for holes, tears or damage. |
|  |[ ]  Employee is aware of the 5 year shelf life. |
|  |[ ]  Employee is aware of storage procedures during use and non use. |
|  |[ ]  Employee knows the respirator is for one time use only. |
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|[ ]  **5000.23 Completed** |[ ]  **Refresher** |
|[ ]  **5000.23 Not Needed** |[ ]  **Change or Addition** |

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| **The Trainee and Instructor acknowledge that all checked line-items on this training checklist have been explained to the trainee, are fully understood and each one can be performed safely.** |
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| **Trainee Signature** |  | **Employee ID No.** |  | **Date** |
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| **Instructor/Mentor/Crew Trainer Signature** |  | **Employee ID No.** |  | **Date** |
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| **Supervisor acknowledges the Trainee has completed training:** |
|  |  |  |  |  |
| **Supervisor Signature** |  | **Employee ID No.** |  | **Date** |