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| **Task Training Checklist** | | | | | | | | |
| **Employee Name:** | | | | |  | | **Emp. ID No.:** |  |
| **Task Name:** | | | | **NH15 Escape Respirator Use** | | | | |
|  | | | | | | | | |
|  |  | | 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** |
|  |  |  |  |  |
| **Instructor/Mentor/Crew Trainer Signature** |  | **Employee ID No.** |  | **Date** |
|  | | | | |
|  | | | | |
| **Supervisor acknowledges the Trainee has completed training:** | | | | |
|  |  |  |  |  |
| **Supervisor Signature** |  | **Employee ID No.** |  | **Date** |