Jay Industries, Inc. Respirator Protection Quiz and Certification

Nam	e Training Date
1. Yo	ou must undergo a medical evaluation before being allowed to use a respirator at work.
a. Tr b. Fa	
2. W	hich filter respirator is resistant to oil but must be discarded after use on a single work shift?
b. R-	Series Series Series
3. Al only.	ll cartridges for chemical cartridge respirators are designed to provide protection for one chemical
a. Tr b. Fa	
4. A mask	fit test must be conducted by a medical professional once per year on each employee and their
a b	
5. A	user seal test must be conducted every time you put on a respirator.
a. Tri b. Fa	
	hich user seal test consists of placing both hands over the respirator's inhalation valves and hing in gently?
a. pos b. nes c. nes	gative
	hat should you do if you have difficulty breathing or can taste or smell a hazardous substance while ing a filter respirator?
a. b. c.	change the filters at the end of your shift ask your supervisor if your filter needs to be changed go to a safe area and change the filter immediately

8.	How often should you replace your respirator and mask?
a. b. c.	every day every year every four years
9.	How often should you clean and disinfect your respirator and mask?
	every day every year every four years
10.	If you share a respirator with another employee, it needs to be cleaned in between each person's use.
a. b.	True False
11.	Jay Industries, Inc. uses a 3M 6900 mask and 3M 2091 filter.
a. b.	True False
12. Ce	ertain types and styles of facial hair can interfere with the seal of a mask, causing it to be unsafe to e.
a. b.	True False
13.	If a respirator does not fit, it does not work
	a. True b. False
TRA	AINING CERTIFICATION
	(print name) hereby certify that on this date I viewed the Jay ries Respirator Protection Training film, reviewed the Respiratory Program Policy, and completed spirator Protection Training quiz.
Indust	understand the material provided, and intend to follow the instructions at work on my job at Jay ries, Inc. I understand that if at any time I have any questions concerning the use of Respirators, I ntact my Departmental Supervisor or the EHS Department.
Signat	ure: Date: