

# RECORD OF TRAINING CLANDESTINE LABORATORY SAFETY RECERTIFICATION

Employee Name (print) [REDACTED] Date: 10/03/2018

Department: Jackson County Sheriff's Office SS# or Badge No. [REDACTED]

Trainer Name: \_\_\_\_\_ Affiliation \_\_\_\_\_

ReCertification Training includes the following topics/exercises (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Overview/Introduction             | <input type="checkbox"/> Levels of Protection      |
| <input type="checkbox"/> Current Manufacturing Methods     | <input type="checkbox"/> SCBA Field Use            |
| <input type="checkbox"/> Toxicology                        | <input type="checkbox"/> Site Control              |
| <input type="checkbox"/> Chemical Hazards                  | <input type="checkbox"/> Decontamination           |
| <input type="checkbox"/> Chemical Incompatibility          | <input type="checkbox"/> Raid Team Decontamination |
| <input type="checkbox"/> Physical/Special Hazards          | <input type="checkbox"/> Medical Emergencies       |
| <input type="checkbox"/> Air Monitoring                    | <input type="checkbox"/> Chemical Emergencies      |
| <input type="checkbox"/> Hazard Assessment                 | <input type="checkbox"/> Exercise: _____           |
| <input type="checkbox"/> Protective Clothing and Equipment | <input type="checkbox"/> Exercise: _____           |

[REDACTED] \_\_\_\_\_ Date \_\_\_\_\_ [Signature] Trainer Signature \_\_\_\_\_ Date \_\_\_\_\_

## RECORD OF FIT TEST

Employee Name: [REDACTED] Date: 10/03/18

Fit Tester: [Signature] Affiliation \_\_\_\_\_

Fit Test Type:  Qualitative  Quantitative

Method:  Irritant Smoke  Isoamyl/Acetate  Other

Air Purifying Respirator  Half face  Full face Results: Pass/Fail

Manufacturer: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Size: \_\_\_\_\_

Self Contained Breathing Apparatus Results: Pass/Fail

Manufacturer: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Size: \_\_\_\_\_

# Record of Qualitative Fit Test

## I. Employee Information

Employee Name: [REDACTED] SSN: [REDACTED]  
Department/Agency: Jackson County Sheriff's Office Job Title: Deputy Sheriff

## II. Pre-Fit Test

Employee has completed respiratory protection training?  Yes  No  
Employee has completed a medical evaluation?  Yes  No  
Employee is free of any obstructions to a gastight face seal?  Yes  No

## III. Half Face Air-Purifying Respirator:

Manufacturer: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Pre Test: PRESSURE CHECKS  Passed  Failed SENSITIVITY CHECKS  Passed  Failed

Fit Test Method:  Irritant Smoke  Isoamyl Acetate  Saccharin  Bitrex

Fit Test Results:  Passed  Failed Size: \_\_\_\_\_

## IV. Full Face Air-Purifying Respirator:

Manufacturer: MSA Make/Model: ADVANTAGE 300

Pre Test: PRESSURE CHECKS  Passed  Failed SENSITIVITY CHECKS  Passed  Failed

Fit Test Method:  Irritant Smoke  Isoamyl Acetate  Saccharin  Bitrex

Fit Test Results:  Passed  Failed Size: \_\_\_\_\_

Spectacle Kit Required:  Yes  No Size: \_\_\_\_\_

Nose Cup Required:  Yes  No Size: \_\_\_\_\_

## V. Self-Contained Breathing Apparatus:

Manufacturer: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Pre Test: PRESSURE CHECKS  Passed  Failed SENSITIVITY CHECKS  Passed  Failed

Fit Test Method:  Irritant Smoke  Isoamyl Acetate  Saccharin  Bitrex

Fit Test Results:  Passed  Failed Size: \_\_\_\_\_

Spectacle Kit Required:  Yes  No Size: \_\_\_\_\_

Nose Cup Required:  Yes  No Size: \_\_\_\_\_

[REDACTED]  
Employee PRINT Name

[REDACTED] 01/27/16  
Employee SIGNATURE Date

Dennis Lowe  
Fit Tester PRINT Name

Dennis Lowe 4-28-16  
Fit Tester SIGNATURE Date

# RECORD OF TRAINING CLAN LAB ANNUAL REFRESHER

Employee Name: [REDACTED] Date: 10/02/2017

Department: Jackson County Sheriff's Office SSN/Badge #: [REDACTED]

Trainer Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Refresher training includes the following topics:

- Overview/Introduction
- Manufacturing Methods
- Toxicology
- Chemical Hazards
- Chemical Incompatibility
- Physical/Special Hazards
- Air Monitoring
- Hazard Assessment
- Protective Clothing and Equipment

- Levels of Protections
- SCBA Field Use
- Site Control
- Decontamination
- Raid Team Decontamination
- Medical Emergencies
- Chemical Emergencies
- Exercise: \_\_\_\_\_
- Exercise: \_\_\_\_\_

[REDACTED]  
Employee Signature

10/02/17  
Date

[Signature]  
Trainer Signature

\_\_\_\_\_  
Date

## RECORD OF FIT TEST

Fit Tester: \_\_\_\_\_ Date: \_\_\_\_\_

Fit test type: \_\_\_\_\_ Qualitative \_\_\_\_\_ Quantitative

Method: \_\_\_\_\_ Irritant Smoke \_\_\_\_\_ Isoamyl Acetate \_\_\_\_\_ Other: \_\_\_\_\_

### AIR-PURIFYING RESPIRATOR

Manufacturer: MSA Make/Model: Advantage 1000 Size: MD

Results: \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_ Half-face \_\_\_\_\_ Full-face

### SELF-CONTAINED BREATHING APPARATUS

Manufacturer: [Signature] Make/Model: [Signature] Size: [Signature]

Results: \_\_\_\_\_ Pass \_\_\_\_\_ Fail

ORC 3715.052

# RECORD OF TRAINING CLANDESTINE LABORATORY SAFETY ReCERTIFICATION

Employee Name (print) [REDACTED] Date: 10/08/2019

Department: Jackson County Sheriff's Office SS# or Badge No. [REDACTED]

Trainer Name: Dewight ASPACHER Affiliation: BCT

ReCertification Training includes the following topics/exercises (check all that apply):

- Overview/Introduction
- Current Manufacturing Methods
- Toxicology
- Chemical Hazards
- Chemical Incompatibility
- Physical/Special Hazards
- Air Monitoring
- Hazard Assessment
- Protective Clothing and Equipment
- Levels of Protection
- SCBA Field Use
- Site Control
- Decontamination
- Raid Team Decontamination
- Medical Emergencies
- Chemical Emergencies
- Exercise: \_\_\_\_\_
- Exercise: \_\_\_\_\_

[REDACTED]

Employee Signature

Date

[Signature]

Trainer Signature

10-08-19  
Date

## RECORD OF FIT TEST

Employee Name: [REDACTED] Date: 10/08/19

Fit Tester: ASPACHER Affiliation: BCT

Fit Test Type:  Qualitative  Quantitative

Method:  Irritant Smoke  Isocyanyl Acetate  Other

Air Purifying Respirator:  Half face  Full face Results:  Pass  Fail

Manufacturer: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Size: \_\_\_\_\_

Self-Contained Breathing Apparatus Results: Pass/Fail

Manufacturer: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Size: \_\_\_\_\_