

Appendix B
Respiratory Protection Plan
Training Log

School District: St Cloud School District # 742

Training Date: _____

Training Location: _____

Purpose: Initial _____ Annual Refresher _____ Other _____

I, the undersigned St Cloud School District employee, have received training and understand my responsibilities under the District's Respiratory Protection Plan.

Attendance Log		
Employee Name (<i>Printed</i>)	Employee Signature	Job Title

Trainer (*Printed*)

Trainer (*Signature*)
