



# Health Care Respirator Training Program

## Certificate of Completion

Awarded to:

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This is to certify that the professional above has been trained in the Use and Limitations of 3M™ Respirator(s)

3M™ Respirator \_\_\_\_\_

3M™ Respirator \_\_\_\_\_

and has passed the 3M Qualitative Fit Test.

\_\_\_\_\_

Date

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Instructor signature