## **Respirator Use Log**

Date \_\_\_\_\_

Staff Person Name\_\_\_\_\_

| Types        | Quantity | Filter Date<br>Purchased | Manufacture time of use | Field Use – Hours                                                                      | Replaced Date |
|--------------|----------|--------------------------|-------------------------|----------------------------------------------------------------------------------------|---------------|
| HALF FACE    |          |                          |                         |                                                                                        |               |
| Example 3m   | 1        | 1 Oct 2021               | 25 hours                | 1/11/21 – 2 hours<br>15/11/21 – 2 hours<br>12/12/21 – 2 hours<br>16/01/21 – 1.50 hours |               |
|              |          |                          |                         |                                                                                        |               |
|              |          |                          |                         |                                                                                        |               |
| FULL FACE    |          |                          |                         |                                                                                        |               |
|              |          |                          |                         |                                                                                        |               |
|              |          |                          |                         |                                                                                        |               |
|              |          |                          |                         |                                                                                        |               |
|              |          |                          |                         |                                                                                        |               |
|              |          |                          |                         |                                                                                        |               |
| AIR ASSISTED |          |                          |                         |                                                                                        |               |
|              |          |                          |                         |                                                                                        |               |
|              |          |                          |                         |                                                                                        |               |
|              |          |                          |                         |                                                                                        |               |
|              |          |                          |                         |                                                                                        |               |
|              |          |                          |                         |                                                                                        |               |
|              |          |                          |                         |                                                                                        |               |
|              |          |                          |                         |                                                                                        |               |