(Use this space for mechanical imprint)

OCCUPATIONAL HEALTH TRAINING & PROTECTIVE EQUIPMENT FIT TESTING

WORKPLACE IDENTIFIER														BASE

ORGANIZATION	WORKPLACE	BLDG NO / LOCATION	ROOM / AREA

DATE *(YYMMDD)*	NAME *(Last, First ,MI)*	SSAN	RECORD ACTION					COMMENTS
			RESPIRATOR		HAZ. NOISE		OTHER	
			TRAIN	FIT TEST	TRAIN	FIT TEST		

AF FORM 2767, JAN 82 ***(IMT-V1)***