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Company Name

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Address

RESPIRATOR CARTRIDGE CHANGE-OUT SCHEDULE/LOG

Use the following log form to determine when respirator cartridges have reached their end of service and should be replaced with a new cartridge

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cartridge Change-Out Information** | | | | |
| **Date** | **Amount of time Respirator is Worn (Min)** | **Total (Cumulative) Time respirator has been worn** | **Where worn** | **Cleaned after use** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |
| 11. |  |  |  |  |
| 12. |  |  |  |  |
| 13. |  |  |  |  |
| 14. |  |  |  |  |
| 15. |  |  |  |  |
| 16. |  |  |  |  |
| 17. |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name Supervisor

* Each time you use the respirator/set of cartridges, record the time it was used under “Amount of Time Respirator is Worn”, add that amount to the time in the
* “Total/Cumulative Time” column.
* Sanitize or wipe down with alcohol wipe after use.
* Respirator must be in sealed bag when not in use.
* Replace the cartridge after a maximum of 8 hours of use.