

Certification

Certificate of Training

THIS CERTIFIES THAT _____

(Name)

OF _____

(Facility)

HAS BEEN INSTRUCTED ON THE PROPER DONNING, FIT CHECKING AND FIT TESTING
OF KIMBERLY-CLARK* TECNOL* PFR95* N95 RESPIRATORS.

TRAINER

DATE

TITLE/COMPANY NAME

 **Kimberly-Clark**
Professional