

## RESPIRATORY FIT TEST RECORD – QUALITATIVE FORM

SECTION 1 - Employee Information										
<b>Last Name, First Name:</b>						<b>Date:</b>				
<b>Service:</b>										
<b>Occupation:</b>										
<b>Location:</b>										
<b>Latex Sensitivity:</b>	<b>YES</b>	<b>NO</b>	<b>Supervisor's Name:</b>							
<b>Have you eaten, drank coffee, smoked, or chew gum in the last 15 minutes?</b>							<b>YES</b>	<b>NO</b>		
SECTION 2 - Fit Testing Information										
<b>Maker:</b>				<b>Model:</b>			<b>Size:</b>			
<b>Type of Fit Test:</b>	QLFT: Saccharin or Bitrex			<b>Circle one:</b>	<b>Pass</b>		<b>Fail</b>			
<b>Maker:</b>				<b>Model:</b>			<b>Size:</b>			
<b>Type of Fit Test:</b>	QLFT: Saccharin or Bitrex			<b>Circle one:</b>	<b>Pass</b>		<b>Fail</b>			
<b>Maker:</b>				<b>Model:</b>	(FF / HF)		<b>Size:</b>			
<b>Type of Fit Test:</b>	Quantitative			<b>Fit Factor:</b>						
<b>Maker:</b>				<b>Model:</b>			<b>Size:</b>			
<b>PAPR:</b>	Training Only									
<b>Notes/Comments/Special Instructions:</b>										
SECTION 3 - Respiratory Protection Contaminant Information										
Tuberculosis				Dust Contaminants						
Pandemic Influenza				Asbestos Dust						
Severe Acute Respiratory Syndrome (SARS)				Chemical Mists and Oils						
Inhalation Anthrax				Organic Vapors and Fumes						
Mercury				Oxygen Deficient Environments						
Acid Gases ( <i>i.e. Chlorine</i> )				Other:						
SECTION 4 - Employee Statement of Understanding										
<p>I have been fit tested and/or instructed on fit checking, proper use, maintenance, cleaning, storage, and limitations of my respirator in accordance with OVAHCS MCP 138-26. I understand that it is my responsibility to maintain and care for the respirator issued to me. I am responsible for donning and doffing my respirator in the instructed and prescribed manner and I will report any deficiencies in the construction or condition of my respirator immediately. I will not use any respirator or respirator filter that I know or suspect to be defective or damaged. I am responsible for meeting the annual fit test thereafter to continue in the Respiratory Protection Program.</p>										
<b>Employee signature:</b>										

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OSHA 29 CFR 1910.134 - The employer must conduct evaluations of the workplace as necessary to ensure that the provisions of the current written respirator program are being properly implemented for all employees required to use respirators. In addition, evaluations must be conducted to ensure the continued effectiveness of the program. Evaluations of the workplace will determine whether the correct respirators are being used and worn properly and will also serve to determine whether the training program is effective.

SECTION 5 - Respiratory Competency			
1. Air Purifying Respirators can be used in Oxygen deficient atmosphere (< 19.5% Oxygen)		True	False
2. A respirator’s fit must provide a good seal over nose and mouth to keep contaminants out.		True	False
3. Respirators should be stored in areas that are dust-free and dry and neither very hot nor cold.		True	False
4. N95 respirators can be used for gases and vapors.		True	False
5. The OSHA Respiratory Protection Standard (29 CFR 1910.134) requires employers to establish and maintain a respiratory protection program to protect their respirator-wearing employees.		True	False
6. Respirator lose their protective properties and must be changed when they become wet from saliva or respiratory secretions.		True	False
7. Elastomeric Respirator do not need to be cleaned after use.		True	False
8. Any form of facial hair is allowed when using a respirator.		True	False
9. Use seal checks must be performed every time a respirator is donned.		True	False
10. Respirators can still be used when missing elastic straps or has puncture holes.		True	False
11. If having difficulty breathing while using a respirator, continue working until you are done.		True	False
<b>Employee signature:</b>		<b>Date:</b>	
<b>Instructor Name:</b>		<b>Instructor Signature:</b>	