

## RESPIRATOR FIT & INSPECTION TEST

Date: \_\_\_\_\_ Company: \_\_\_\_\_ Project: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

**The following topics were discussed:**

- Type of respirator selected and its limitations
- Type of cartridge, filter and prefilter, their limitations
- Cartridge, filters, and prefilter effective dates and when to change filter
- Respirator inspection, maintenance, and storage
- How to get replacement parts

**Has the employee received prior respirator training & fit test?**  Yes Date: \_\_\_\_\_  No

**Do you know of any medical reason why you can not wear a respirator?**  Yes (note below)  No

**Do you wear any safety equipment on your head?**  Yes (note below)  No

**Facial Characteristic Assessment:** Do any of the following conditions exist with the user?

Beard or large side burns     May or may not wear dentures with mask     Facial injury (note below)

if **NO**, Continue with test below     if **YES**, **DO NOT CONTINUE**    Scheduled retest date: \_\_\_\_\_



<b>RESPIRATOR TYPE:</b> <input type="checkbox"/> halfmask <input type="checkbox"/> fullmask Make: _____ Model: _____ Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> M/L <input type="checkbox"/> L <input type="checkbox"/> Other: _____	<b>FIT TEST</b>															
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NOTES:

<b>EMPLOYEE:</b> I the undersigned have been fit tested and counseled in the use, limitations, and maintenance of the above noted equipment _____ (Initial)	<b>FIT TESTER (Name):</b> _____ This is to certify that (Employee Name): _____ <input type="checkbox"/> Has been trained in the use, limitations and maintenance Respiratory Equipment. <input type="checkbox"/> Has passed a Quantitative Fit Test with the following respirator(s) listed above <b>Fit Tester Signature:</b> _____ <b>Date:</b> _____
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