

RECORD OF RESPIRATOR FIT TEST

Employee's Name: _____ Date: _____

_____ Initial Fit Test _____ Annual Fit Test

I understand that the fit test will involve:

1. Donning a respirator which may make breathing more difficult.
2. Being exposed to irritant smoke if the respirator does not fit properly.
3. Jogging in place, increasing my physical stress.

To my knowledge I have no cardiovascular conditions that would put me in danger. I am not aware of any pulmonary conditions or allergies to irritant smoke (stannic oxychloride).

The following have been discussed with me:

1. The nature of the respiratory hazard.
2. The reasons why I must wear the respirator, and the disciplinary actions that will be taken for intentional incorrect wearing of the respirator.
3. What type of respirator is chosen for particular hazards.
4. The limitations and capabilities of each respirator.
5. Purpose of the medical evaluation to determine authorization for respirator use.
6. The conditions that prevent a good face seal.
7. The necessity of wearing the respirator as instructed, without modification.
8. Recognizing and handling emergency situations when wearing a respirator.

I have been instructed in the following:

1. How to wear a respirator.
2. How to adjust the respirator.
3. How to determine a proper seal, to seal check the respirator every time I put it on, and to have it fit-tested every six months or more often as necessary.
4. How to inspect the respirator.
5. How to clean the respirator.
6. How to store the respirator.

I have received training in and understand the above items concerning respirator use, care and inspection. I consent to submit to this fit test at my own risk and acknowledge fit testing of the respirator(s) listed. The respirator assigned to me is designated by an * in the Pass/Fail column.

<u>RESPIRATOR BRAND</u>	<u>MODEL</u>	<u>FIT TEST DATE</u>	<u>SIZE</u>	<u>PASS/FAIL</u>

Employee Signature

Date

Fit Testers Signature

Date