

Respirator Fit Test Record

Section 1 - Employee Information													
University Employee ID: _____	(if applicable) _____												
Position													
<input type="checkbox"/> Employee	Name (Print) _____												
<input type="checkbox"/> Non-employee (volunteer, student)	Department _____												
<input type="checkbox"/> Other: _____	Extension _____												
Do you come within 1 meter (3 - 4 feet) of a hazardous material requiring the use of a respirator? <i>If "YES", please complete the rest of this form.</i> <i>If "NO", have your supervisor contact EHS to see if you require N95 fit testing.</i>													
YES <input type="checkbox"/> NO <input type="checkbox"/>													
Section 2 - Medical Screening Assessment													
<i>Some conditions can affect your ability to safely use a respirator (respirators are devices that meet legislated standards and have been designed to protect the wearer from exposure to potentially hazardous environments. Surgical masks or dust masks are <u>not</u> respirators).</i>													
Have you had previous difficulty while using a respirator? (e.g. difficulty breathing, claustrophobia, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>												
Do you have any concerns about your ability to use a respirator?	YES <input type="checkbox"/> NO <input type="checkbox"/>												
Are you pregnant?	YES <input type="checkbox"/> NO <input type="checkbox"/>												
Do you have or experience any of the following, or any other condition that may affect respirator use? <i>If "YES", do not indicate condition on this form.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>												
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Lung disease</td> <td style="width: 25%;">Shortness of breath</td> <td style="width: 25%;">Asthma</td> <td style="width: 25%;">Allergy to citrus/saccharin</td> </tr> <tr> <td>Migraines</td> <td>Panic attacks</td> <td>Fainting spells/dizziness</td> <td>Facial features/dentures that could interfere with respirator fit</td> </tr> <tr> <td>Seizures</td> <td>Reduced sense of taste</td> <td>Feelings of claustrophobia</td> <td></td> </tr> </table>	Lung disease	Shortness of breath	Asthma	Allergy to citrus/saccharin	Migraines	Panic attacks	Fainting spells/dizziness	Facial features/dentures that could interfere with respirator fit	Seizures	Reduced sense of taste	Feelings of claustrophobia		
Lung disease	Shortness of breath	Asthma	Allergy to citrus/saccharin										
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Seizures	Reduced sense of taste	Feelings of claustrophobia											
Have you been previously fit tested in another facility within the past year? <i>If "YES", please attach copy of N95 card and proceed to Section 3.</i>													
YES <input type="checkbox"/> NO <input type="checkbox"/> Date: _____													
Section 3 - Employee Signature													
<i>If you answered 'YES' to any of the questions in Section 2, please report to the Manager Environmental Health and Safety</i>													
Signature: _____	Date: _____												
Fit Testing Information (EHS use only)													
<i>If employee answered 'yes' to the above medical screen, a signature (or note) for clearance to fit test from an Occupational Health Nurse (OHN) or a physician, is required to continue with fit testing.</i>													
OHN or Physician signature (if applicable) _____	Date: _____												
Any other factors that may affect fit? i.e. if missing dentures, should not be tested until they are wearing them. Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: _____													
Clean shaven around seal of mask? Yes <input type="checkbox"/> No <input type="checkbox"/>	Test Type: Quantitative <input type="checkbox"/> Qualitative <input type="checkbox"/> Bitrex <input type="checkbox"/> Saccharin <input type="checkbox"/>												
Respirator type(s) fitted: _____													
This employee has successfully been fitted to the respirator(s) listed above: <i>(if No, then refer to Manager EHS)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>													
Comments: _____													
Fit Tester Signature: _____	Testing Date: _____												