

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										
Migraines	Panic attacks	Fainting spells/dizziness	Facial features/dentures that could interfere with respirator fit										
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 Human Resources Generalist - Health, Safety & Wellness</i>													
Signature: _____	Date: _____												
Fit Testing Information (EHS use only)													
<i>If employee answered 'YES' to Section 2 in 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>													
Conditions or factors which could affect respirator fit:													
<input type="checkbox"/> None	<input type="checkbox"/> Clean shaven												
<input type="checkbox"/> Facial Scar	<input type="checkbox"/> Moustache												
<input type="checkbox"/> 1 - 2 day beard growth	<input type="checkbox"/> Dentures absent												
<input type="checkbox"/> 2+ days beard growth	<input type="checkbox"/> Glasses												
Comments: _____													
Respirator Fit Test Parameters													
Respirator type(s) fitted: _____													
Negative Pressure Seal Check: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Positive Pressure Seal Check: <input type="checkbox"/> Pass <input type="checkbox"/> Fail												
Qualitative Test Type: <input type="checkbox"/> Bitrex <input type="checkbox"/> Saccharine	Number of Sensitivity Test Sprays: _____ Classification: _____												
This employee has been successfully fitted to the respirator(s) listed above: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if No, then refer to Manager EHS)</i>													
Comments: _____													
Fit Tester Signature: _____	Testing Date: _____												

Respirator Fit Test Record

A.	Employee: _____		Date: _____	
	Employee Job Title/Description: _____			
B.	Employer: Nipissing University _____			
	Address: 100 College Drive _____			
	City: North Bay _____		Province: ON _____	Postal Code: P1B 5J8 _____
C.	Respirator(s) Selected: _____			
	Manufacturer(s): _____			
D.	Conditions which could affect respirator fit:			
	Clean shaven <input type="checkbox"/>		Facial Scar <input type="checkbox"/>	
	1 - 2 Day beard growth <input type="checkbox"/>		Dentures absent <input type="checkbox"/>	
	2+ Day beard growth <input type="checkbox"/>		Glasses <input type="checkbox"/>	
	Moustache <input type="checkbox"/>		None <input type="checkbox"/>	
	Comments: _____			
E.	Fit Checks:			
	Negative Pressure	Pass: <input type="checkbox"/>	Pass: <input type="checkbox"/>	Not Done: <input type="checkbox"/>
	Positive Pressure	Fail: <input type="checkbox"/>	Fail: <input type="checkbox"/>	Not Done: <input type="checkbox"/>
F.	Fit Testing:			
	Quantitative: <input type="checkbox"/>	Fit Factor:		
	Qualitative: <input type="checkbox"/>	Isoamyl Acetate (Saccharine)		Bitrex
		Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	
		Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	
Comments: _____				
G.	Employee acknowledgement of test results:			
	Employee Signature: _____		Date: _____	
Test Conducted By: _____		Date: _____		

Disclaimer

The above respirator fit test was performed on and by the persons listed. The results indicate the performance of the listed respiratory protective device, as fitted on the employee named on this record under controlled conditions. Fit testing as performed measures the ability of the respiratory protective device to provide protection to the individual tested. Allegro or the Test Conductor express or imply no guarantee that this or an identical respiratory protective device will provide adequate protection under conditions other than those present when this test was performed. Improper use, maintenance, or application of this or any other respiratory protective device will reduce or eliminate protection.