

N95 Filtering Facepiece Respirator Fit Test

San Mateo County Health System



Employee _____

Title _____

Phone Number _____

Date of Fit Test _____

Employee Signature _____

To be Completed by Employee (Please Print):

Name:	DOB:	Soc Sec #: XXX-XX-
Employer:	Phone:	
The following must be completed in order to proceed with a filtering facepiece respirator (check if completed)		
<input type="checkbox"/> Medical Questionnaire		
<input type="checkbox"/> Physician or Licensed Health Care Professional Medical Clearance Form		
<input type="checkbox"/> Training on Respiratory Protection (may be included at time of the N95 Filtering Facepiece Respirator Fit Test)		
Examination: <input type="checkbox"/> Initial Fit Test <input type="checkbox"/> Annual Fit Test		
Employee Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____		
Fitting Considerations: <input type="checkbox"/> Facial Hair <input type="checkbox"/> Glasses <input type="checkbox"/> Facial Structure <input type="checkbox"/> Other _____		

To be Completed by Evaluator (Please Print):

Evaluator Name: _____	Title: _____
Date of Evaluation: _____	Location: _____
Respirator manufacturer/ Model: _____	Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> NA
Respirator Type: <input type="checkbox"/> Half-face <input type="checkbox"/> Fullface <input type="checkbox"/> N95 Filtering Facepiece (Dust Mask)	
Fit Test Procedure :	<input type="checkbox"/> Qualitative Fit Test (QLFT) <input type="checkbox"/> Quantitive Fit Test (QNFT)
Qualitative Fit Test Type	<input type="checkbox"/> Isoamyl Acetate <input type="checkbox"/> Saccharin Solution <input type="checkbox"/> Bitrex <input type="checkbox"/> Irritant Smoke
For Bitrex Test Only:	<input type="checkbox"/> Pass threshold screening test after _____ squeezes <input type="checkbox"/> Failed threshold screening
Fitting Considerations:	<input type="checkbox"/> Facial Hair <input type="checkbox"/> Glasses <input type="checkbox"/> Facial Structure <input type="checkbox"/> Other _____

I hereby certify that in accordance with Cal OSHA T8CCR 5144 Appendix A (Fit Testing Procedures), applicable to the use of respiratory protective equipment, I have provided the applicant/employee fit testing as required.

Evaluator (Print)

Signature

Date

I hereby confirm that in accordance with Cal OSHA T8CCR 5144 (Respiratory Protection), I have fulfilled the requirements to wear a respirator.

Employee (Print)

Signature

Date