

BILH 2021-22 Reusable Respirator Program Fit Test/Respirator Check in Results

PLEASE TAKE A PHOTO OF THIS FORM FOR PERSONAL RECORDS.

The top portion should be filled out by the employee prior to fit testing

Employee Name (Print): _____

Date of birth: _____ **Department:** _____

Email¹: _____

Have you ever been successfully fit tested to a reusable respirator at BILH?

No 3M envvo® Other

Do you work at other BILH institutions than the site you are fit tested at? Yes No
If yes, where: _____

I certify that I have had medical clearance previously: Yes No

In the past year, have you had onset of new respiratory/cardiac issues? Yes No

Have you had any medical issues that would prevent you from wearing a mask? Yes No

I understand a repeat fit test is necessary if I should experience a 10% or greater change in weight; dental conditions that may alter facial structure; reconstructive or cosmetic facial surgery; or facial scarring in the respiratory sealing area. I have received instruction on the proper use, care and limitations of the respirator. I understand that the respirator will reduce the risk of exposure to certain microorganism and that it will not protect me from chemical exposure. I have been given the opportunity to ask questions about these exposure and proper use of the respirator.

Signature of Employee

Date

The bottom portion (and second page) should be filled out by Triumvirate or the fit tester:

Fit Testing Documentation:

Test Medium used: Saccharin Bitrex

Fit Test Result: Pass Fail

User Seal Check: Pass Fail

If failed, please state reason: _____

¹ Email addresses will be used for participation in a voluntary survey administered by NIOSH.

Triumvirate Environmental/Fit tester

_____ Date

Fit-test Time: _____

Fit-test Station: _____

Place an X in the box next to the respirator that the staff member has successfully fit tested to

Reusable Respirator	<u>MSA Advantage 290</u>	290 (Small)	
		290 (Medium)	
		290 (Large)	
	<u>3M Elastomeric 6000</u>	6100 3M Small	
		6200 3M Medium	
		6300 3M Large	

If only a user seal check was performed, please place an X in the box next to the respirator that the staff member has successfully demonstrated a user seal check.

User Seal Check Demonstration	<u>3M Elastomeric 6000</u>	6100 3M Small	
		6200 3M Medium	
		6300 3M Large	
	<u>envo[®]mask</u>	one-size	

If PAPR is needed due to failed fit test or medical clearance:

Ensure that employees needing a PAPR are directed to Employee Health to obtain appropriate medical clearance.

Other: _____

Size: _____