

Respirator Fit Test 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 Legibly): _____

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

Have you been successfully fit tested to a disposable N95 previously at BILH? 3M Other No

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

Do you work in an operating room or other sterile area for any part of your time? Yes No

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 N95 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

If failed, please state reason: _____

Triumvirate Environmental

Date

Please place an **X** in the box next to the respirator that the staff member has successfully fit tested to.

Disposable Respirator:

<u>Cardinal</u>	N95-ML (Regular)	
	N95-S (Small)	
<u>Gerson</u>	1730 (Universal)	
	2130 (Universal)	
<u>Halyard/Kimberly-Clark</u>	46727 (Regular, No Safety Seal)	
	46827 (Small, No Safety Seal)	
	46767 (Regular, Safety Seal)	
	46867 (Small, Safety Seal)	
<u>Moldex</u>	1510 (XS)	
	2200 (Small)	
	2200 (M/L)	
	2300 (M/L)	
	2700 (M/L)	
<u>Medline</u>	NON27501 (Universal)	
<u>San Huei</u>	SH9550 (Regular)	
<u>3M</u>	1860 (Regular)	
	1860S (Small)	
	8511 (Regular)	
	8000(Regular)	
	1804S Vflex(Small)	
	8210 (Regular)	
	8210+ (Regular)	
	8200 (Regular)	

Reusable Respirator:

<u>Envo Masks</u>	70950 (Regular)	
<u>Elastomeric</u>	6100 3M Small	
	6200 3M Medium	
	6300 3M Large	

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: _____