**Appendix: E**

**Respirator Training and Fit Testing Record**

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department/Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 1 – Training: to be completed by employee**

I have received and understood training on each of the subjects checked below: **Check**

|  |  |
| --- | --- |
| Description of the activities and circumstances for which respirator use is required |  |
| Importance of proper fit and the consequences of improper fit |  |
| Appropriate action if respirator becomes damaged, a leak is detected or breathing becomes difficult |  |
| Review of manufacturer instruction: proper donning, performing user seal check, and removing respirator. |  |
| How to store respirator and when to discard  |  |
| How many times did you use your respirator in the past year? |
| Any medical change since last fit test: ( ) Yes ( ) No |
| **Employee Signature**: **Date:** |
|  |

**Section 2 – to be completed by Fit Tester**

|  |  |
| --- | --- |
| **Check One: ( ) Initial Fit Test** | **( ) Annual re-test** |
| **Respirator Manufacturer** | **Model Number** | **Size** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Qualitative Fit Test Results:** |
| Solution Used | Sensitivity/Threshold*(circle number of squeezes)* | Results of Fit Test |
|  ( ) Bitrex | 10, 20, 30, or failed | ( ) Passed ( ) Failed |
|  ( ) Saccharin | 10, 20, 30, or failed | ( ) Passed ( ) Failed |

|  |
| --- |
| **Quantitative Fit Test Results:** |
| Name of Fit Test Used | Overall Fit Factor | Results of Fit Test |
|  |  | *(attach results of QNFT)* |

**Fitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**