RESPIRATORY PROTECTION PROGRAM – APPENDIX F

RECORD OF RESPIRATOR FIT TEST

Name: Employee #:

Department: Campus Phone #:

I have received medical clearance to wear a respirator while performing my assigned job tasks: ___Yes ___No

Medical Assessment Authorization Form is available from your supervisor, or at srm.usc.edu.

SELECTED RESPIRATOR(S):	***Manufacturer***	***Model***	***Type*** *(Half / Full Face, SCBA)*	***Size***
#1.	_____	_____	_____	_____
#2.	_____	_____	_____	_____
#3.	_____	_____	_____	_____

List any facial fit problem conditions that apply to you (e.g., beard growth, sideburns, scars, deep wrinkles):

_____

ODOR SENSITIVITY TEST - *Describe the sensation:* _____

COMMENTS: _____

I have undergone fit testing on the above respirator(s) in conjunction with a test atmosphere. I have also been instructed on proper use, maintenance, sanitation and storage of the respirator(s) and associated filter cartridges. As a result of this training, I am confident that I understand the intended use(s) and limitations of the respirator(s).

The above information is accurate to the best of my knowledge:

_____ _____

Date *Signature of Trainee*

FAMILIARITY: Showed ability to take apart and assemble respirator *(yes/no):* #1 _____ #2 _____ #3 _____

FIT TEST METHOD:		***Respirator #1***	***Respirator #2***	***Respirator #3***
N –Not Run	Positive Pressure Check:	_____	_____	_____
P –Passed	Negative Pressure Check:	_____	_____	_____
F –Failed	Isoamyl Acetate:	_____	_____	_____
	Irritant Smoke:	_____	_____	_____
	Saccharin:	_____	_____	_____
	Bitrex:	_____	_____	_____
	Quantitative (attach report):	_____	_____	_____

ODOR SENSITIVITY TEST: Passed _____ Failed _____

COMMENTS: _____

The above information is accurate to the best of my knowledge:

_____ _____

Instructor Name (Printed) *Instructor Signature*