RESPIRATOR TRAINING AND FIT TEST RECORD
UNL Respiratory Protection Program
Revised 4/08

(For assistance, please contact EHS at (402) 472-4925, or visit our web site at http://ehs.unl.edu/)

This form is used by EHS to document information pertaining to training and fit testing of employees for respiratory protection equipment. A copy of this form and the completed EHS Hazard Assessment form is provided to the employee and supervisor. EHS will retain a copy of the form as a formal record.

Employee information

<table>
<thead>
<tr>
<th>Date of Fit-testing &amp; Training</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>NU ID #</td>
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<tr>
<td>Department</td>
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<tr>
<td>Campus Mailing Address</td>
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<tr>
<td>Phone</td>
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<tr>
<td>Supervisor</td>
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<tr>
<td>Date of Last Medical Qualification</td>
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<tr>
<td>Physician’s Recommended Interval for Medical Re-evaluation</td>
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</tbody>
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Fit-test information

Conditions observed at the time of the fit test that could affect respirator fit:

- Clean Shaven
- Facial Scar
- 1-2 Day Growth
- Dentures Absent
- 2 + Day Growth
- Glasses
- Moustache
- None

User Seal Checks:

- Negative Pressure: Pass / Fail / Not Done
- Positive Pressure: Pass / Fail / Not Done

Fit Test: Make, model and size used during fit-testing:____________________________

Test Agent:  
- Isoamyl Acetate
- Bitrex
- Sodium Saccharin
- Irritant Smoke

Sensitivity and Screening Results (Circle one): Pass / Fail

Fit test (Circle one): Pass / Fail

Comments:_______________________________________________________

Training satisfactorily completed? Yes / No

Type of Training:  
- Initial
- Refresher

Employee Acknowledgment of Training and Test Results:

Employee Signature: ______________________________ Date: __________________

Test Conducted By: _______________________________ Date: __________________

(Created 12/01; Revised 2/08)
Respirator ordering information for supervisors

A sufficient supply of respirators and/or equipment should be ordered so that cartridges can be changed as recommended under cartridge change schedule. In addition, supplies for cleaning and maintaining the equipment should be ordered and maintained in stock.

Respirator Make, Model, and Size: ________________________________________________________________

Cartridges Make and Model, and recommended amount to stock: ______________________________________

The recommended cartridge change schedule is as follows: _________________________________________

Additional recommended consumables, supplies, and replacement parts and quantities:

____________________________________________________________________________________

(Note: The respirator and cartridges/filters specified above are suitable only for the conditions and exposures described in the RPE Hazard Assessment Form. EHS must be notified of any changes to conditions of exposure (environmental factors, PPE changes, contaminants of concerns, estimated concentration of contaminants, etc.) to re-assess the suitability of the protection provided by this respiratory protection equipment. In addition, an employee may need to be re-evaluated by a medical professional if they develop a condition that may affect their ability to wear the specified respiratory protection equipment.

This respirator qualification is good until the following date: __________________________.
Contact EHS approximately 1 month prior to this date to schedule annual fit-testing and refresher training. Refer to page 1 of this form to determine if medical re-qualification is necessary.