# RESPIRATOR FIT TEST RECORD

UNL Respiratory Protection Program
Revised 3/22

(For assistance, please contact EHS at 402.472.4925 or visit our web site at [https://ehs.unl.edu/](https://ehs.unl.edu/))

This form is used by EHS to document information pertaining to 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 test + SOP review</th>
<th>Name</th>
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<tr>
<th>NU ID #</th>
<th>Department</th>
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<thead>
<tr>
<th>Campus Mailing Address</th>
<th>Phone</th>
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<tr>
<th>Supervisor</th>
<th>Date of Last Medical Qualification</th>
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<tr>
<th>Physician’s Recommended Interval for Medical Re-evaluation</th>
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## Fit-test information

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

- Clean Shaven
- 1-2 Day Growth
- 2 + Day Growth
- Moustache
- Glasses
- Dentures Absent
- 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):**

Fit test (Circle one): Pass / Fail

**Comments:** ________________________________________________________________

Initial/Annual Training completed?  Yes / No

**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: ________________________.

NOTE: The web-based Respiratory Protection Training must be taken annually. Plan to take that training prior to scheduling a fit test. EHS will contact you approximately one month prior to the date noted immediately above to schedule annual fit testing.

Refer to page 1 (last item in table) to determine if medical re-qualification is necessary.)