

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/>)

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

Date of fit test + SOP review	
Name	
NU ID #	
Department	
Campus Mailing Address	
Phone	
Supervisor	
Date of Last Medical Qualification	
Physician's Recommended Interval for Medical Re-evaluation	

Fit-test information

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

- | | |
|---|--|
| <input type="checkbox"/> Clean Shaven | <input type="checkbox"/> Facial Scar |
| <input type="checkbox"/> 1-2 Day Growth | <input type="checkbox"/> Dentures Absent |
| <input type="checkbox"/> 2 + Day Growth | <input type="checkbox"/> Glasses |
| <input type="checkbox"/> Moustache | <input type="checkbox"/> None |

User Seal Checks:

- | | | | |
|--------------------|-------------------------------|-------------------------------|-----------------------------------|
| Negative Pressure: | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Not Done |
| Positive Pressure: | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> 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: _____

Initial/Annual Training completed? Yes No

Employee Acknowledgment of Training and Test Results:

Employee Signature: _____ Date: _____

Test Conducted By: _____ Date: _____

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.