

## Respirator Fit Test and Training

This Form is designed to accomplish the following: (1) Document initial and annual respirator fit tests, and (2) Document annual training. **One form should be filled out for each type of respirator that the employee is expected to use.**

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_____	_____	_____
Date of Medical Clearance Notice	Date of Respirator Fit Test	Date of Next Respirator Fit Test (1 year)
Employee Full Name: _____		
_____	_____	_____
Last	First	Middle
Computing ID: _____		Age: _____
Agency: _____	University of Virginia-Facilities Management	Phone #: _____
FM Department: _____		Shop #: _____
Type of Respirator: _____	___ Tight-Fitting Powered Air Purifying Respirator	___ Loose-Fitting Powered Air Purifying Respirator
	___ Full-Face Negative Pressure Air Purifying Respirator	___ Half-Face Negative Pressure Air Purifying Respirator
Respirator Facepiece Manufacturer: _____	Model #: _____	Size: _____
PAPR System Manufacturer: _____	Model #: _____	

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- Are you a new respirator user?  Yes  No
  - Have you had any changes in your physical health that could affect your ability to wear a respirator (i.e. weight gain, weight loss, breathing, etc.)?  Yes  No
  - Have you worn a respirator in the past 12 months?  Yes  No      If so, was it your assigned respirator?  Yes  No  
Estimated month of last use: \_\_\_\_\_
  - Please check the type(s) of airborne exposure when you wear your respirator:
    - Particulates (*i.e. Dirty or dusty jobs, such as crawlspaces, demolitions, fiberglass, sheetrock, sanding, or grinding*)
    - Lead (*If you do lead construction related activities, you need **Lead in Construction training***)
    - Asbestos (*If you work with or around potentially disturbed asbestos materials, you need **16-hour Asbestos O&M training***)
    - Mold (*If you abate mold contaminated materials, you need the **Mold Awareness & Remediation training***)
    - Silica (*Cutting brick and concrete building materials*)  
Do you use wet methods?  Yes  No      Do you use local exhaust ventilation?  Yes  No
    - Welding Fumes  
Do you use local exhaust ventilation?  Yes  No
    - Chemicals: Please list the chemical or product (You can consult the product's SDS to determine chemical components)
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Other type of exposure: \_\_\_\_\_  
Type of work routinely done when wearing your respirator: \_\_\_\_\_

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5. Frequency of use:      Infrequently (< 4 times a year)       Occasionally (1 time/month)       Routinely (several times/month)

6. Have you used new chemical products or started up new processes this past year?  Yes  No

If yes, please describe: \_\_\_\_\_

7. Do you have the right respirator cartridges or filters for your work?  Yes  No

8. Do you have proper storage and cleaning materials available to keep your respirator clean?  Yes  No

List any additional concerns related to respirator use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Test Atmosphere: <u>PortaCount Pro+ 8038</u>	Satisfactory		
	Yes	No	N/A
1. Fit Check			
(a) Proper donning, doffing, and adjustment of respirator			
(b) Positive pressure seal check			
(c) Negative pressure seal check			
2. OSHA Protocol Fit Test Exercises Done in "Test Atmosphere"			
3. Respirator Use Review			
(a) Respiratory hazards encountered in the past year or may be anticipated for future work			
(b) Correct cartridges and/or filter media for designated hazards (including change out schedule)			
(c) Assembly and inspection of respirator, including: straps, gaskets, inhalation/exhalation flaps, and PAPR system (hoses, motors, batteries, etc.)			
(d) Cleaning, maintenance, and storage of respirators			
(e) Limitations and capabilities of the respirator (atmospheric conditions)			
(f) Effectively use of respirator in emergency situation, including situations in which the respirator malfunction			
(g) If unsatisfactory, were/will defective respirator or respirator parts be replaced? Comment:			

By signing below, you are indicating that you have reviewed and understand the Information on this survey.

\_\_\_\_\_  
Employee Signature

Results of this Respirator Fit Test Survey are satisfactory for the employee to use the assigned respirator described in this survey.

\_\_\_\_\_  
FM-OHS Staff Member - Name and Signature