Loyalist College Respirator Fit Testing Form

Part 1: Respirator	User Info	<u>ormation</u>				
Name: Position: Department/Program Supervisor:	m:					
Part 2: Respirator						
Type of respirator:	☐ Tight f	itting - half face itting – full face itting – N95 Parti	☐ SCBA	ight fitting (e.g. ho A		fying - non powered fying – powered
N / a al a l . a a a la a . a .	Size:					
Part 3: Fitting & Tr						
Additional types of pe Facial features (jewel Fitting difficulties or of Reviewed with user: F	rsonal pro ry, hair, co ther comm	osmetics) affect nents:	ing respir	ator fitting:		
don/doff the respirator and respirator limitations:						
Consent: I am aware or during the test with						vell-being before
(Signature of Respirator User)					(Date)	
Part 4: Fit-Testing	Results					
a) User Seal Check:		Negative pressure		☐ Pass	☐ Fail	
		Positive press	ure	☐ Pass	☐ Fail	
b) Qualitative Fit	Test:					
Test agent used: _						
Sensitivity Screen	<u>ing:</u>	☐ Pa	ass	☐ Fail	Taste Threshol	d: squeezes
Fit Test Exercises	<u>:</u>					
 Normal breathing Deep Breathing Turning head side Nodding head up a Talking Normal breathing User passed fit testing Name of person performance 	and down	☐ Pa ☐ Pa ☐ Pa ☐ Pa ☐ Yes	ass ass ass ass ass ass	☐ Fail ☐ Fail ☐ Fail ☐ Fail ☐ Fail ☐ Fail ☐ Comments:		
. taine of percent peric						
(Signature of Fit Tester)					(Date)	