

Respirator Fit Test Survey

This Form is designed to accomplish the following: (1) Document initial and annual respirator fit tests, and (2) Document hands-on training of proper inspection, care, and use of the respirator, including donning/doffing. **One form should be filled out for each type of respirator that the employee is expected to use.**

_____ 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: _____ Date of Birth: _____

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 #: _____

1. Are you a new respirator user? Yes (*survey complete*) No (*continue survey*)
2. 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 (*survey complete*) No (*continue survey*)
3. Have you worn your assigned respirator in the past 12 months? Yes (*continue survey*) No (*survey complete*)
 Estimated month of last use: _____

4. 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)

Other type of exposure: _____

Type of work routinely done when wearing your respirator: _____

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+ 8Q38</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) 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.

Narges Sinaki, Health & Safety Compliance Specialist
Facilities Management-Occupational Health & Safety