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 crawlspace, 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: ___ PortaCount Pro+ 8038 ___

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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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