# 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.

<table>
<thead>
<tr>
<th>Date of Medical Clearance Notice</th>
<th>Date of Respirator Fit Test</th>
<th>Date of Next Respirator Fit Test (1 year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Full Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last</td>
<td>First</td>
<td>Middle</td>
</tr>
<tr>
<td>Computing ID:</td>
<td>Age:</td>
<td></td>
</tr>
<tr>
<td>Agency: University of Virginia-Facilities Management</td>
<td>Phone #:</td>
<td></td>
</tr>
<tr>
<td>FM Department:</td>
<td>Shop #:</td>
<td></td>
</tr>
<tr>
<td>Type of Respirator:</td>
<td></td>
<td></td>
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<tr>
<td>___ Tight-Fitting Powered Air Purifying Respirator</td>
<td>___ Loose-Fitting Powered Air Purifying Respirator</td>
<td>___ Full-Face Negative Pressure Air Purifying Respirator</td>
</tr>
<tr>
<td>Res Innovator Facepiece Manufacturer:</td>
<td>Model #:</td>
<td>Size:</td>
</tr>
<tr>
<td>PAPR System Manufacturer: Model #:</td>
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</table>

1. Are you a new respirator user? [ ] Yes [ ] No
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 [ ] No
3. 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:________________________________________

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:

<table>
<thead>
<tr>
<th>Test Atmosphere: PortaCount Pro+ 8038</th>
<th>Satisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

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:

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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