



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) 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