

## Initial Qualitative Fit Testing

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_ Contact#: \_\_\_\_\_  
 Job Title: \_\_\_\_\_

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- 1) Are you allergic to Saccharin or Bitrex? Yes\_\_\_ No\_\_\_
- 2) Do you have or have you ever had any of the following: Yes\_\_\_ No\_\_\_  
 Emphysema or asthma  
 Chronic Obstructive Pulmonary disease  
 Chronic bronchitis  
 Tuberculosis  
 Other lung disease
- 3) Do you smoke? Yes\_\_\_ No\_\_\_  
**If yes, number of packs per day: \_\_\_\_\_ Number of years of smoking: \_\_\_\_\_**
- 4) Do you take any medications on a regular basis: Yes\_\_\_ No\_\_\_  
**If yes, please list: \_\_\_\_\_**
- 5) Do you ever have wheezing or shortness of breath? Yes\_\_\_ No\_\_\_  
**If yes, does this occur at rest? Yes\_\_\_ No\_\_\_**  
**If yes, does the occur with exercise? Yes\_\_\_ No\_\_\_**  
**How far can you walk before becoming short of breath? \_\_\_\_\_**
- 6) Do you have a cough? Yes\_\_\_ No\_\_\_  
**If yes, is it chronic or acute (less than 2 weeks duration)? \_\_\_\_\_**  
**If yes, is it productive? Yes\_\_\_ No\_\_\_**  
**If yes, for how long and color of sputum: \_\_\_\_\_**
- 7) Do you have medical problems that might interfere with respirator use? Yes\_\_\_ No\_\_\_  
**If yes, explain: \_\_\_\_\_**
- 8) Do you have any history of problems with previous respirator use? Yes\_\_\_ No\_\_\_

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<b>Elements of Respirator Fit Testing</b>	<b>Met</b>	<b>Not Met</b>
Medical evaluation completed	_____	_____
Employee instructions given regarding fit testing, use of mask and seal check	_____	_____
Employee to don the respirator mask per manufacturer guidelines	_____	_____

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Type of Mask: \_\_\_\_\_ Respirator Size: \_\_\_\_\_  
 Agent uses: \_\_\_ Bitrix \_\_\_ Saccharin #Of Sensitivity Squeezes: \_\_\_5 \_\_\_10  
 Results: \_\_\_ Pass \_\_\_ Fail Reviewer's Signature: \_\_\_\_\_

Please note that the following changes will result in the need to be fit tested to ensure proper fit: a greater than 10% change in body weight, major dental work or facial change and/or physical problems which would prevent you from wearing the respirator mast. I have been instructed in the proper use of the respirator mast. I will follow procedures, instructions and warnings when wearing this type of protection. I have been given the opportunity to ask questions concerning all aspects of respirator use.

\_\_\_Does not need to be refitted  
 \_\_\_Needs to be refitted

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_