

${\bf PortaCount}^{\small \circledR} \ {\bf Respirator} \ {\bf Fit} \ {\bf Tester} \ \# {\bf DAHS-NSCPACRFT25}$

Name:	Employee ID #:	
Unit:	Title:	
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.		

These skills will be considered complete when all below performance criteria are completed and pages 1& 2 have been scanned and emailed to: cppn@health.ucdavis.edu

PortaCount® Respirator Fit Tester #DAHS-NSCPACRFT25		Verifier Initials
References: 1. UC Davis Health Policy 1603: Respiratory Protection 2. UC Davis Health Policy 11008: Personal Protective Equipment for Infectious Agents 3. PortaCount® Academy Tips & Tools: Troubleshooting Guide Retrieved from PortaCount Academy Tips & Tools Troubleshooting Guide Application 4. PortaCount® Fit Testing Videos & Resources TSI - Online PortaCount Respirator Fit Testing Resources		
Describe difference between qualitative and quantitative fit testing.		
Describe quantitative fit testing/ Fit Factor.		
Demonstrate set-up.		
Demonstrate alcohol capsule fill and cartridge (wick) maintenance (recharging)		
Completes daily check.		
Discuss need to complete a daily check each time the device is moved to a different testing location.		
Demonstrate probe insertion into respirator.		
Demonstrate particle generator set and maintenance.		
Discuss/demonstrate RealTime® Fit Factor display.		
Demonstrate fit test on subject.		
Demonstrate fit test troubleshooting.		
Demonstrate fit test documentation.		





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SIGNATURE PAGE:					
Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:					
Initial:	Print Name:	Signature:			
PRECEPTEE STATEMENT AND SIGNATURE:					
I have read and understand the appropriate UC Davis Health Policies and Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I					
have the knowledge of the resources available to answer questions.					
Name:		Signature:	Date:		