

UNIVERSITY OF CALIFORNIA DAVIS HEALTH

RESPIRATOR FIT TEST FORM



Qualitative Fit Test

SECTION 1: GENERAL INFORMATION

Name:	Employee #:
Job Title:	Phone/Pager:
Dept/Location:	Cost Center:
Supervisor:	Phone/Pager:

Did you complete the "Respirator Medical Evaluation Questionnaire" provided by Employee Health Services (EHS) at the time of hire or any point during employment? ☐ Yes ☐ No¹

¹If you answered NO to the above question, call EHS (916-734-3572) for an appointment to get a medical evaluation before the fit test is performed.

Do you have any cardiac or lung problem, allergy, or claustrophobia condition that has precluded you from wearing a surgical mask or any condition you think a physician should evaluate to determine your fitness to wear a respirator? ☐ No ☐ Yes²

²If you answered YES to the above question, call EHS (916-734-3572) for an appointment to get a medical evaluation before the fit test is performed.

Do you have facial hair growth between the skin and the facepiece sealing surface, such as stubble beard growth, beard, mustache, or sideburns that cross the respirator sealing surface? ☐ No ☐ Yes³

³If you answered YES to the above question, the test shall not be conducted if there is any facial hair growth between the skin and the facepiece sealing surface. Please review the [Facial Hairstyles and Filtering Facepiece Respirators](#) document for acceptable facial hairstyles.

SECTION 2: SENSITIVITY TEST (NOTE: Nothing to eat or drink for 15 minutes before fit testing)

Please Follow the [3M Qualitative Fit Test Instructions](#) in the Fit Testing Kit.

Qualitative Fit Testing Solution Used:

☐ Bitter ☐ Sweet

Number of Bulb Squeezes to Taste the Solution:

☐ 1-10 Squeezes ☐ 11-20 Squeezes ☐ 21-30 Squeezes*

For 1-10, Start With 10 Squeezes in Fit Test; for 11-20, Start With 20 In Fit Test; for 21-30, Start With 30 In Fit Test.

*The test is ended if 30 squeezes are inadequate (The employee Does Not Detect the Sweet And Bitter Taste).

SECTION 3: RESPIRATOR TRAINING (Training MUST be given before fit testing)

General Requirements of Cal/OSHA Respiratory Protection Standard (5144): (review items and checkbox)

- ☐ How to get a Respirator if Needed
- ☐ Reasons to Wear a Respirator
- ☐ Consequences of Improper Use or Maintenance
- ☐ Limitations of a Respirator

- ☐ Medical Signs and Symptoms that Limit Use
- ☐ Inspection, Donning and Use
- ☐ Maintenance, Disinfection, and Storage
- ☐ Doffing

SECTION 4: FIT TESTING (Follow the [3M Qualitative Fit Test Instructions](#) Included in the Fit Testing Kit)

Fit Test Activity	Duration	Squeezes	Sense Solution?
1. Normal Breathing	30 Seconds x2	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Deep Breathing	30 Seconds x2	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Turning Head Side to Side	30 Seconds x2	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Nodding Head Up and Down	30 Seconds x2	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Talking (Rainbow Passage)	30 Seconds x2	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Bending Over or Jogging in Place	30 Seconds x2	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Normal Breathing	30 Seconds x2	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15	<input type="checkbox"/> Yes <input type="checkbox"/> No

N95 Respirator Models

3M 1860	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	BYD DE2322	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	North 5500 Size:	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
3M 1860S	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Halyard R 46727	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	North 5400 Size:	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
3M 1870+	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Halyard S 46827	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Other:	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
3M 9205+	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Other:	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Other:	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

Elastomeric Respirator Models

By signing the fit test form, I document that I have read the information and instructions in this package and contact my supervisor if I have any questions. I understand that I am responsible for the following:

1. Knowing where to obtain a respirator and the model and size you were fitted during this fit test.
2. Using the respirator whenever there is a possibility that I might be exposed to an air contaminant.
3. Proficiently donning, doffing, and verifying the respirator's seal when applicable, as I was trained.

Fit Tested By:	Employee's Signature:
Date of fit test:	Respiratory Protection Card was provided to staff? <input type="checkbox"/> Yes <input type="checkbox"/> No
	For Department Use Only: <input type="checkbox"/> Entered into Maskfit: <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: Date:

NOTE: DEPARTMENTS ARE RESPONSIBLE for maintenance of the Fit Testing Program, including tracking the in-service training and fit testing dates. These records, including this package, are subject to review by Cal/OSHA. Re-training and fit testing are due on or before 12 months (1 year) from the last training and fit testing date. Managers are responsible for entering employee fit test records in the [Fit Test Database](#) at the EH&S Website.