

University of California Davis Health

RESPIRATOR FIT TEST FORM



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

General Requirements of Cal/OSHA Respiratory Protection Standard (5144): (review items and checkbox)	<input type="checkbox"/> How to get a Respirator if Needed <input type="checkbox"/> Reasons to Wear a Respirator <input type="checkbox"/> Consequences of Improper Use or Maintenance <input type="checkbox"/> Limitations of a Respirator	<input type="checkbox"/> Medical Signs and Symptoms that Limit Use <input type="checkbox"/> Inspection, Donning and Use <input type="checkbox"/> Maintenance, Disinfection, and Storage <input type="checkbox"/> Doffing
--	---	---

SECTION 3: FIT TESTING

TSI PortaCount Serial Number:		Location of Fit Test:	
NOTE: Portacount results must be saved and obtainable if the records need to be reviewed.			

N95 Respirator Models

Model	Pass/Fail	Fit Factor	Model	Pass/Fail	Fit Factor
3M 1860	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		BYD DE2322	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
3M 1860S	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		Halyard R	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
3M 1870+	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		Halyard S	<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	

Elastomeric Respirator Models

Model	Pass/Fail	Fit Factor
North 5500 Size:	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
North 5400 Size:	<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	

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 infectious 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No For Department Use Only: 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 at the EH&S Website.