

ANNUAL RESPIRATORY PROTECTION PREPARATION CHECKLIST AND QUALITATIVE FIT TESTING GUIDE

PREPARATION CHECKLIST

All staff must complete the online Annual Respiratory Protection Training for Health Care Professionals (course number DAHS-EH&S-ARPT) through UC Learning.

Order a supply of all the models of N95 respirators to conduct fit testing.

<input type="checkbox"/>	<p>The respirators listed below are the preferred models for this year's fit testing.</p> <p><u>Model - Lawson #</u> Halyard R - 156093 Halyard S - 156094</p>	<p>The respirators listed below are in limited stock. Please use the preferred models first. If an employee fails the fit test, please use one of the models below:</p> <p><u>Model - Lawson #</u> 3M 9205+ - 154891 or 3M 1870+ - 155659 3M 1860 - 103809 3M 1860S - 103810</p>	<p>Please do not fit test on this model since their availability is unknown.</p> <p><u>Model - Lawson #</u> BYD DE2322 - 154238</p>
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Ensure you have a qualitative fit testing kit and/or enough solution(s) to perform the fit testing. The 3M fit testing supplies work with all respirator manufacturers.

3M Fit Test Kits

Bitter - 118776
Sweet - 103867

Replacement Fit Test Solutions

Sweet, Sensitivity - 103864
Sweet, Fit Test - 103865

Bitter, Sensitivity - 103866
Bitter, Fit Test - 103869

Identify fit testers who will conduct the fit testing. New fit testers must be trained to perform the test by a previously trained fit tester. All fit testers must complete the Annual Respirator Qualitative Fit Test Training (N95 and Elastomeric) (course number DAHS-EH&S-ARQFT) through UC Learning.

<input type="checkbox"/>	Department Fit Tester	Date of Annual Training	Department Fit Tester	Date of Annual Training

Order Respiratory Protection Cards. Departments shall provide a respiratory protection card to staff during fit testing. This card is used as a reference to aid a staff member in

which respirator they were successfully fit tested. Respiratory Protection Cards are available through Repro Graphics; please contact them directly at 530.752.2679 to place an order.



Review the [MaskFit Database](#) before the fit testing event to ensure that all employees are medically cleared and have taken the LMS Course. Please review the [Maskfit Resource](#) page for assistance with the application before reaching out to EH&S. Access to the database may be granted through an [IT Request](#) by searching for "MaskFit Access."

Remind staff when scheduling the fit test event that the fit test will not be conducted if there is any facial hair growth between the skin and the facepiece sealing surface. Encourage staff to review the [Facial Hairstyles and Filtering Facepiece Respirators](#) document for acceptable facial hairstyles.



Review and print newly updated [qualitative fit testing](#) and [PAPR training](#) forms.

ANNUAL RESPIRATORY PROTECTION PREPARATION CHECKLIST AND QUALITATIVE FIT TESTING GUIDE

ANNUAL FIT TESTING

Each department must arrange annual respiratory fit testing for their staff members. New hires that were fit tested at Employee Health should be fit tested again during the department fit testing event to remain on the same cycle as the rest of the department.

If any staff member has experienced facial scarring, dental changes such as multiple tooth extractions, facial surgery, or a significant difference in body weight throughout the year will need to be re-fit tested to ensure they have the correct sized N95 respirator.

All staff that require respiratory protection must be trained in using a PAPR.

Use the guide below to understand better how to use the fit test form when conducting a fit test. The fit test form below is used for **QUALITATIVE** fit testing. Qualitative fit testing is a pass/fail method used on respirators that relies on senses - such as taste - to detect air leakage from the respirator.

SECTION 1

- The staff member will read and complete the upper portion of the "RESPIRATOR FIT TEST FORM."
- The "Respirator Medical Evaluation Questionnaire" is required to be completed before fit testing can occur. Most staff had this done when they were hired.
- The Medical History question is required to be answered by the staff member. If the question is "YES," the staff member needs to schedule an appointment with Employee Health Services for medical clearance for respirator use.
- When fit testing, Cal/OSHA requires staff not to have Facial Hair growth between the skin and the facepiece sealing surface. If the staff member has facial hair, the fit test is terminated until the staff member shaves or obtains an

**UNIVERSITY OF CALIFORNIA DAVIS HEALTH
RESPIRATOR FIT TEST FORM**

Qualitative Fit Test

SECTION 1: GENERAL INFORMATION

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 No
If 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 respirator? Yes No
If 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 Yes
If 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 Hair/Respirator Seal Checkup](#) document for acceptable facial hair styles.

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

Qualitative Fit Testing Solution Used: Bitter Sweet Number of Squeezes or Taste the Solution: 5-10 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 completed before fit testing)

General Respirator Training: I have read the Respirator Training I needed Medical Sense and Symptoms that Limit Use
I have read the Respirator Training I needed Inspection, Cleaning and Care Maintenance, Disinfection, and Storage
Protection Standard (5144): Consequences of Improper Use or Maintenance Disinfection, Cleaning, and Storage
(review items and checkmark) Limitations of a Respirator Offgassing

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	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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 DE3322	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	North 5500 Size:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
3M 1865	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	Hayward R 46727	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	North 9400 Size:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
3M 1866+	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	Hayward R 46827	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	Other:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
3M 7200+	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	Other:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL		<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL

Elastomeric Respirator Models

3M 1860	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	BYD DE3322	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	North 5500 Size:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
3M 1865	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	Hayward R 46727	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	North 9400 Size:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
3M 1866+	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	Hayward R 46827	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	Other:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
3M 7200+	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	Other:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL		<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:

- Knowing where to obtain a respirator and the model and size you were fitted during this fit test.
- Using the respirator whenever there is a possibility that I might be exposed to an air contaminant.
- 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? Yes No For Department: _____ Entered into Maskfit: Yes No Initials: _____

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 EHS website.

Revised: 11/07/23

SECTION 2

- This section is used to document the sensitivity test to the test solutions.

This test is done to assure that the person being fit tested can detect the bitter or sweet taste of the test solution at very low levels.

- The Sensitivity Test Solution is a very dilute version of the Fit Test Solution. The test subject should not eat, drink (except water), or chew gum for 15 minutes before the test.

SECTION 3

These are general training requirements of the Cal/OSHA Respiratory Protection Standard and must be completed before the fit test can occur. The staff member must complete these steps, including performing a respirator seal check before the fit test. The seal check is critical to ensure that the staff member has an adequate seal every time they put the

SECTION 4

- The exercises are included on the fit test form to ensure compliance with the Cal/OSHA Respiratory Protection Standard. Please follow the directions that came with the fit testing kit.
- If a staff member cannot obtain a tight seal with any of the N95 respirator models or sense the test agent used during departmental qualitative fit testing, the staff member may be able to use a PAPR for respiratory protection. PAPR training is conducted at the unit level. Forms are available on the EH&S website.
- The staff member and fit tester must sign the form. Retain this form in the staff member's department file.
- Enter the respirator type for each employee into the fit test database and complete the box at the bottom of the page.

Need Assistance?

Check out Respiratory Protection Resources at https://intranet.ucdmc.ucdavis.edu/safety/os/resp_prot.shtml
MaskFit On-Line Database <https://maskfit.ucdmc.ucdavis.edu/maskfit/pages/mainMenu.faces>