

by Mike Winbow CSS OFA III  
Certified Qualitative Respirator Fit Tester  
Since July 2013



Qualitative Respirator  
Fit Test Form  
CSA Standard Z94.4-02

<b>Name of Worker</b>		<b>Company</b>	
<b>Phone Number</b>		<b>Supervisor</b>	
<b>Age of Worker</b>	<b>Test Date</b>	Annual Fit Test from This Date ← 1 Year Term	
<b>Email Address</b>			
<b>1. Respirator used by worker:</b>  Make: _____  Model: _____  Size: Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Ex. Large <input type="checkbox"/>  New _____ Old _____ Age _____  Previous Cert. # _____		<b>2. Workers Physical Condition</b>  <input type="checkbox"/> Past history of breathing difficulty <input type="checkbox"/> Lung Disease <input type="checkbox"/> Smoker: Cigarettes Per Day _____ <input type="checkbox"/> Ever breath in toxic fumes <input type="checkbox"/> Worker sick in the past 6 months <input type="checkbox"/> Claustrophobic <input type="checkbox"/> Worker is in good health <input type="checkbox"/> Hazardous Products in scope of work  <b>List Products:</b> _____ _____	
<b>3. Does worker have:</b> <input type="checkbox"/> Corrective Lenses <input type="checkbox"/> Dentures <input type="checkbox"/> Facial Hair _____ <input type="checkbox"/> Face jewelry <input type="checkbox"/> Scars  <input type="checkbox"/> Safety glasses at work <input type="checkbox"/> Ever wear a respirator in the past		<b>4.: Test Procedures:</b> <input type="checkbox"/> Condition of mask is good <input type="checkbox"/> Is the mask comfortable to wear? <input type="checkbox"/> Worker conducts a self-check <input type="checkbox"/> Check position of mask on worker <input type="checkbox"/> Test will use <u>Verifit Irritant Smoke</u> <input type="checkbox"/> HEPA Filers _____ <input type="checkbox"/> HEPA Filer Exchange Program <input type="checkbox"/> Note _____	
<b>5. Workers Procedures Respirator Care:</b> <input type="checkbox"/> What to do if contaminated <input type="checkbox"/> Storage after task, pre cleaning <input type="checkbox"/> How the take apart a respirator <input type="checkbox"/> How to clean, products to use <input type="checkbox"/> Storage Procedures/ Clean Respirator <input type="checkbox"/> New filter purchases <input type="checkbox"/> Fit test conducted under <u>CSA Standard Z94.4-02</u>		<b>6. Pre-Fit Test Procedures</b> <input type="checkbox"/> Normal breathing <input type="checkbox"/> Deep breathing <input type="checkbox"/> Turing head side to side <input type="checkbox"/> Nodding up and down <input type="checkbox"/> Bend over at waist touch toes <input type="checkbox"/> Talking ( <i>rainbow passage</i> ) <input type="checkbox"/> Normal breathing	
I the undersigning person, have been instructed in the use, maintenance, and limitations of the Respirator in which I was Fit Tested for.  _____ Workers Name  _____ Signature.		This worker has been fit tested correctly and has <input type="checkbox"/> <b>Passed</b> <input type="checkbox"/> <b>Failed</b>  _____ Certified Qualitative Respirator Fit Tester Signature  <b>Conducted By</b> <b>Mike Winbow</b> CSS, OFA III, OHS Professional Certified Qualitative Respirator Fit Tester Since July 2013 FreeBird Safety Services	
<b>New Fit Test Certification Number</b>			