

Please print clearly so it can be easily read. Do not scribble out mistakes, draw a single line through and initial

Name of Worker		Company	
Phone Number		Supervisor	
Age of Worker	Test Date	Annual Fit Test from This Date  1 Year Term	
1. Respirator used by worker: Make: _____ Model: _____ Half Mask <input type="checkbox"/> Full Face <input type="checkbox"/> Size: Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Ex. Large <input type="checkbox"/> New _____ Old _____ Age _____		2. Workers Physical & Health Condition <input type="checkbox"/> History of breathing difficulty / Allergies <input type="checkbox"/> Lung Disease and / or any Disabilities <input type="checkbox"/> Smoker: Vape or Cigarettes Amount _____ <input type="checkbox"/> Recently inhaled toxic fumes <input type="checkbox"/> Been sick affecting lungs within 6 months <input type="checkbox"/> Claustrophobic <input type="checkbox"/> Worker is in good health <input type="checkbox"/> Hazardous Products in scope of work List Products: _____ _____	
3. Respirator Seal Interference: <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		4.: Respirator and Filter Narrative: <input type="checkbox"/> Respirator Condition: Clean, Undamaged <input type="checkbox"/> Is the mask comfortable to wear? <input type="checkbox"/> Worker conducts a self-check pre task <input type="checkbox"/> Position of mask on worker, Possible gaps <input type="checkbox"/> Test will use Verifit Irritant Smoke <input type="checkbox"/> HEPA Filers Used _____ <input type="checkbox"/> HEPA Filer Exchange Program <input type="checkbox"/> When to replace your Respirator & Filters	
5. Workers Procedures Respirator Care: <input type="checkbox"/> Pre-Use Inspection before Donning <input type="checkbox"/> What to do if contaminated <input type="checkbox"/> How the take apart a respirator <input type="checkbox"/> When & how to clean - Products to use <input type="checkbox"/> Respirator Storage & Extra Supplies <input type="checkbox"/> New filter purchases <input type="checkbox"/> Fit Test conducted under <i>CSA Standard Z94.4-02</i>		6. Fit Test Procedures <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 Exercises Time: 2 – 3 min.	
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"/> Passed <input type="checkbox"/> Failed _____ Certified Qualitative Respirator Fit Tester Signature Conducted By: <i>FreeBird Safety Services, Sole Proprietorship</i> Mike Winbow <i>CSS, OFA III, OHS Professional</i> <i>Certified Qualitative Respirator Fit Tester</i> Professionally Trained by 3M since July 2013	
New Fit Test Certification Number			