**AISH 32-B**

**Respirator Qualitative Fit Test Form**

Fit Test Administrator only:

PASS / FAIL

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Respirator Type (circle one): Air-purifying Half-Face / Air-purifying Full Face

2. Make:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Size:\_\_\_\_ Filter Type:\_\_\_\_\_\_\_

3. Approved by Physician or other licensed health care professional (PLHCP): Yes / No

 If yes is selected, date of approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Type of testing media used: \_\_\_\_\_Saccharin \_\_\_\_\_Bitrex \_\_\_\_\_\_ Irritant Smoke

\_\_\_\_\_Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Have user compete the following:

|  |  |
| --- | --- |
| **Description** | **Completed** |
| Wear respirator to be tested for at least 5 minutes prior to fit test |  |
| Verify user has completed respirator training to include proper fit, wear, and maintenance as outlined in Apollo AISH 32 |  |
| Verify user has not facial hair or sideburns that effect mask-to-face seal  |  |
| Demonstrate proper donning and doffing and ensures proper seal around face |  |
| Complete negative and positive seal check |  |
| Conduct a sensitivity check on user without respirator to elicit a response and make them familiar with its irritating properties |  |
| Have the worker attach the P-100 filters suitable for stannic chloride (irritant smoke), put on, adjust, and seal check the respirator without assistance |  |

6. Conduct test while user performs the following actions and positions in order:

|  |  |  |
| --- | --- | --- |
| **Description** | **Pass** | **Fail** |
| Normal breathing while standing for 1 minute |  |  |
| Deep breathing while standing for 1 minute |  |  |
| Slowly turn head from side to side while standing for 1 minute, pausing at each extreme position to inhale (be careful not to bump the respirator) |  |  |
| Slowly move head up and down while standing to extreme positions for 1 minute, inhaling in the up position (be careful not to bump the respirator) |  |  |
| Have the worker talk slowly and loud enough to be heard clearly for 1 minute (have the worker read from a prepared text such as the rainbow passage, count backwards from 100, or recite a song or poem) |  |  |
| Have the worker grimace, smile, or frown for 15 seconds |  |  |
| Bend over to touch toes while standing and repeat at a comfortable pace for 1 minute |  |  |
| Normal breathing again while standing for 1 minute |  |  |
| Have the worker remove the respirator and perform another sensitivity check and check for response to irritant smoke |  |  |

7. Question the worker on the comfort of the respirator experienced during the test (if worker experienced discomfort, provide another model and/or size of respirator and conduct new fit test procedure).

User Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fit Test Administrator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_