

Respirator Fit-Test Record

STUDENT SECTION

BACKGROUND

Student Name: (print clearly): _____

Site: Kwantlen Polytechnic University **Department:** Professional Studies (FOH)

Date: _____ **Student Number:** _____

HEALTH CONDITIONS

Please answer the following questions so we may assess our ability to safely use a respirator

1. **Do you have any of the following conditions that may affect respirator use?** Yes No
Chronic bronchitis / Difficulty breathing / Emphysema / Diagnosed lung disease
2. **Do you have other conditions that may affect respirator use? e.g. facial rash** Yes No
3. **Have you had previous difficulties using a respirator?** Yes No N/A
4. **Have you had an adverse reaction to Bitrex previously?** Yes No N/A
5. **Do you have any concerns about your ability to use a respirator safely?** Yes No
6. **Do you have any concerns about wearing the fit-test hood (claustrophobia)?** Yes No

Student Signature: _____

Answering "YES" to any of the above questions indicates further assessment

FIT – TESTER SECTION

RESPIRATOR FIT=TEST

Fit Tester Name:							
Fit Tester Signature:							
Steps to Complete Fit-Test	N95	Model	BITREX		Sensitivity Test Result		
<input type="checkbox"/> Introduce yourself/explain purpose			Pass	Fail			
<input type="checkbox"/> Student has not eaten or drank recently		3M 1860S	<input type="checkbox"/>	<input type="checkbox"/>	10		Not Sensitive
<input type="checkbox"/> Student to complete Student section above		3M 1860	<input type="checkbox"/>	<input type="checkbox"/>	20		
<input type="checkbox"/> Conduct sensitivity test and record		3M 1870+	<input type="checkbox"/>	<input type="checkbox"/>	30		
<input type="checkbox"/> Provide respirator education (appendix B)		<div style="border: 1px solid black; padding: 5px;"> Did Student Have Any Adverse Reaction to Bitrex? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A </div> <div style="border: 1px solid black; padding: 5px;"> Comments: _____ _____ _____ _____ </div>					
<input type="checkbox"/> Student to select and don respirator/Seal Check							
<input type="checkbox"/> Complete fit-test							
1. Normal breathing							
2. Deep breathing							
3. Turn head side-to-side							
4. Nod head up-and-down							
5. Talk out loud							
6. Bending Over/Forward							
7. Normal breathing							
<input type="checkbox"/> Address any remaining questions							