

RESPIRATOR CERTIFICATION FORM

Name:	Student	ID:	Date of Birth:
Department::			
Home Address:			Phone:
□ Fit for respir □ Additional t □ Not fit for re	ator use with no restriction ator use with mild restric esting needed before fitne spirator use	tions or accommodations (·
Signature of Medical Pra	ctitioner	Date:	
issued.		· -	and maintenance of respirator
□ N95 3M/1860/S	□ N95 3M/8210/R	□ N95 Moldex/1510/XS	□ N95 Moldex/1512/M
N95 3M/1860/R	□ N95 3M/8210/S	□ N95 Moldex/1511/S	□ N95 Moldex/1513/L
II. FIT TESTING The employee w test. Bitrex – Sens Saccharin – S		30	ving method and passed the
certified to v	ully completed medical cl vear the respirator issued. e certified for respirator u		sting (Sections I-III) and is
Comments			
Signature of Instructor		Date	
	ACKNOV	VLEDGEMENT	
	irator and agree to use it acc niversity and the manufactur	ordingly to all provisions of t er's guidelines.	he Respiratory Protection
Student's Signature		 Date	
0	Department of Environmenta	al Health and Safety - Rev. 3 - 3/2	2020