



## RESPIRATOR CERTIFICATION

Name:	Date of Birth:
Employee ID:	Job Title:
Department:	Work Phone:

### I. RESPIRATOR TYPE AND USE

**Reason for Respirator:** \_\_\_\_\_

**Type of Respirator(s) to be worn:** N95 Half Face Air Purifying with Cartridges or Filters  
Full Face Air Purifying with Cartridges or Filters Powered Air Purifying Respirator (PAPR)  
Self-Contained Breathing Apparatus (SCBA) Other \_\_\_\_\_

**Estimate Weight of Respirator(s):** \_\_\_\_\_

**Expected Frequency of Use:** \_\_\_\_\_

**Expected Duration of Use:** Less than 5 hours/week Less than 2 hours/day 2 to 4 hours/day  
Over 4 hours/day Escape Only (no rescue) Emergency Rescue only Other \_\_\_\_\_

**Expected Physical Work Effort:** Light Work Moderate Work Heavy Work

**Additional Personal Protective Equipment Worn:** \_\_\_\_\_

**Work Environment:** Temperatures >77°F Humidity >60%RH Other \_\_\_\_\_

### II. MEDICAL CLEARANCE

- Fit for respirator use with no restrictions
- Fit for respirator use with mild restrictions or accommodations (see Limitations)
- Additional testing needed before fitness can be determined
- Not fit for respirator use

**Frequency for Follow up Medical Evaluation:** One Year Two Years Other \_\_\_\_\_

**Limitations:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Provider

\_\_\_\_\_  
Date

### III. TRAINING AND FIT TESTING

The employee was trained in the appropriate use, limitations and maintenance of the following respirator. Employee was fit tested using the following method and passed the fit test.

\_\_\_\_\_  
Type of Respirator(s) - Manufacturer, Model, and Size

- Bitrex - Sensitivity (circle one) 10 20 30  Saccharin - Sensitivity (circle one) 10 20 30
- Portacount - Fit Factor \_\_\_\_\_  Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Trainer/Fit Tester

\_\_\_\_\_  
Date

### IV. CERTIFICATION

- Successfully completed medical clearance, training and fit testing and is certified to wear the respirator(s) issued.
- Could not be certified for respirator use (see Comments).

Comments \_\_\_\_\_

**ACKNOWLEDGEMENT - I was issued the above respirator(s) and agree to use in accordance with the facility's Respiratory Protection Program and the manufacturer's instructions.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**Copy to Employee Health/Medical Provider, Employee, and Environmental Health & Safety** Rev. 7/04