

Employee	Employee ID #	Department	Date Issued
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RESPIRATOR:

Brand and Model Number _____ Full _____ Half _____ Size _____ NIOSH Approval _____

_____ _____

_____ _____

APPLICATION (Reason for use)

- Care of patients in airborne isolation
- Maintenance of equipment or cleaning in the airborne isolation rooms

LIMITATIONS _____ Beard _____ Denture _____ Glasses _____ None _____ Other

Explain _____

FITTING

1. _____ Satisfactory Qualitative Saccharin/Bitter Fit Test
2. _____ Satisfactory Quantitative Fit Test
3. _____ Satisfactory Fit Check Test-Inhale/Exhale
4. _____ User instructions, donning, removal, cleaning, storage, replacement of mask, filters and cartridges (responsibility of employer)

NOTES: _____

Fit Tester Signature: _____ Date: _____

TRAINING RECORD (per employer)

I certify that I have been trained in the use of the above respirator.

This training included the inspection procedures, fitting, maintenance, limitations, storage and replacement of the above respirator(s). I understand how the respirator operates and provides protection. I further certify that I have heard the explanation of the unit as describe above, and I understand that instructions relevant to use, cleaning, disinfecting, limitations, storage and replacement of the unit. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction.

Employee Signature _____ Date _____

**Respiratory Issuance
and Training Form**