

N95 RESPIRATOR PROTECTION FIT TESTING & TRAINING CERTIFICATE

NAME (print): _____ DEPT: _____ ID: _____

In the last 12 months I certify I completed the following activities:

1. OSHA Medical Surveillance Questionnaire during New Hire or Annual? Yes [] Date: _____
2. I have viewed "N95 Respiratory Protection Program" video in iXPAND? Yes [] Date: _____
3. I have viewed "3M 6000 Series Elastomeric" video in iXPAND? Yes [] Date: _____
4. I am pregnant or planning weight loss surgery? Yes [] No []
5. I have received instruction on and understand the following:
 - When respirators are to be used
 - Engineering controls not used in lieu of respirators
 - What happens if respirator does not fit
 - Limitations of the N95 respirators
6. I have been informed I will be working in an atmosphere containing airborne pathogens requiring respiratory protection.
7. I have been given instructions on the proper use and care of my respirator and had the opportunity to wear and be fit tested for this respirator.
8. I have been given instructions on the proper adjustment of the respirator straps and user seal checks.
9. I am aware I am to perform the user seal check each time I don the respirator.
10. I understand I am not to use any tight-fitting respirator if I have a beard or other facial hair which would interfere with a satisfactory fit.
11. I understand fit testing **MUST** be repeated annually (12 months) or sooner if:
 - a. I am expected to use a different make or model of mask than what I was fit tested for
 - b. I lose/gain 10% or more of your last fit tested body weight
 - c. I suffer significant facial scarring in the area of the face piece seal
 - d. I undergo significant dental changes (multiple extractions without prosthesis or dentures)
 - e. I undergo reconstructive or cosmetic facial surgery
 - f. I believe another fit test is needed to ensure the respirator is fitting correctly (self-request)
12. I understand the donning instructions of the tight-fitting respirator and will follow these instructions each time I use this respirator. I understand this device will not provide adequate protection when used under conditions other than specified or when donning instructions are not followed.

Employee Signature: _____ Date: _____

Respirator Manufacturer	Model Number	Size	Pass	Fail	Comments
Honeywell N95 FFR	DC365	One Size			
3M - Elastomeric	6100	Small			
3M - Elastomeric	6200	Med			
3M - Elastomeric	6300	Large			

Portacount (QUANTITATIVE): **PASS** Date: _____; employee is certified on the above indicated respirator(s), for 12 months. (Annual re-testing required)

Portacount (QUANTITATIVE): **FAIL** Date: _____; employee must complete mandatory training for use and maintenance of a Powered Air-Purifying Respirator (PAPR)

Employee is enrolled in iXpand course called "**Employee Health Failed Fit Test, Mandatory Training**".

Completion by _____ is required, and failure will result in Administrative Leave of Absence.

Employee Health Clinician: _____ Date: _____