

N95 Respirator Fit Test Record

Zuckerberg San Francisco General Hospital Respiratory Protection Program

For Employee to Complete

PLEASE PRINT LEGIBLY AND FULLY COMPLETE EMPLOYEE SECTION

Name: last first Employer: UCSF SFGH/CCSF Other: _____

Signature: _____ Job Title: _____ Class: _____

Date: _____ Date of Birth: _____ Department: _____ Location: _____

SS #: xxx-xx Work Phone: _____ Manager: _____

For Occupational Health Service to Complete

Medically cleared: Yes No *

Previous medical evaluation is on record. There are no new stated medical problems that would preclude N95 respirator use.

Hazard: Mycobacterium Tuberculosis

Training: (1) Hazards/Use (2) Limitations (3) Putting on a Respirator (4) Seal Checks (5) Inspection (6) Storage (7) Disposal

Respirator Fit Test Procedure & Results (1)

Fit Test Solution	Number of Squeezes for Fit Test -initial squeezes/squeezes every 30 seconds-		
<input type="checkbox"/> Saccharin <input type="checkbox"/> Bitrex	10/5	20/10	30/15

Selection			Qualitative Fit Test Results -one minute per section-							
Test #	Disposable Mask	Size	Normal Breaths	Deep Breaths	Side to Side	Up and Down	Speak Talk	Jog In Place	Normal Breaths	Pass Fail*
1	<input type="checkbox"/> 3M N95 1860	<input type="checkbox"/> Small								<input type="checkbox"/> Pass
	<input type="checkbox"/> TecnoL PFR 95	<input type="checkbox"/> Regular								<input type="checkbox"/> Fail
2	<input type="checkbox"/> 3M N95 1860	<input type="checkbox"/> Small								<input type="checkbox"/> Pass
	<input type="checkbox"/> TecnoL PFR 95	<input type="checkbox"/> Regular								<input type="checkbox"/> Fail
3	<input type="checkbox"/> 3M N95 1860	<input type="checkbox"/> Small								<input type="checkbox"/> Pass
	<input type="checkbox"/> TecnoL PFR 95	<input type="checkbox"/> Regular								<input type="checkbox"/> Fail
4	<input type="checkbox"/> 3M N95 1860	<input type="checkbox"/> Small								<input type="checkbox"/> Pass
	<input type="checkbox"/> TecnoL PFR 95	<input type="checkbox"/> Regular								<input type="checkbox"/> Fail
5	<input type="checkbox"/> Moldex N95	<input type="checkbox"/> 1510----XS								<input type="checkbox"/> Pass <input type="checkbox"/> Fail
		<input type="checkbox"/> 2211----Small								
		<input type="checkbox"/> 1512----Medium								
		<input type="checkbox"/> 2212G----M/L								
		<input type="checkbox"/> 1517---Low Profile								
		<input type="checkbox"/> 1513---Large								

Comments: _____

* **Instructions given to employees who failed all N95 fit tests or the N95 medical exam:**

- The employee is not permitted to perform patient care for suspected or confirmed respiratory isolation patients or enter respiratory isolation rooms to which these patients are assigned until cleared for use of proper respiratory protection.
- The employee needs to give a copy of this form to their manager.
- If alternative respiratory protection is needed, the Manager must call Human Resources at ZSFG to discuss further options.

Fit Tester: _____ _____ _____
Printed Name/Title Signature Date