

XIII. QUALITATIVE FIT TEST FORMS

Following are the forms that should be used when performing a qualitative fit test.

A. Qualitative Fit Test Record

1. Fill out the top half of the form.
2. Determine the number of squeezes to sensitivity (ie 10, 20 or 30).
3. Begin performing the fit test and fill in “Yes” or “No” for each exercise. If the subject detects the BITREX® during any exercise, mark “Yes”, terminate test and mark overall results as a Failure.
4. If subject does not detect the BITREX® during each exercise, mark “No” and continue on to next exercise. If all of the exercises are completed without tasting the BITREX®, mark overall results as a Pass.
5. The person performing the test should sign the form.
6. The employee should also sign the form once a Pass has been achieved and they have been fully instructed on the use of Moldex respirators.

B. RESPIRATORY FIT TEST CARD

1. Once an employee has passed the fit test and been assigned a certain respirator fill out the Respirator Fit Test Card and issue it to the employee.
2. The employee should retain this card as proof that they have been properly fit tested.

C. CERTIFICATE OF RESPIRATOR TRAINING

1. When an employee has been fit tested, trained and assigned a respirator, fill out the certificate completely with all of the appropriate information.
2. Have the employee sign the certificate.
3. Issue the certificate to the employee.
4. Keep a signed copy in the employee’s record or with the company’s Respiratory Program records.



Bitrex[®]

Qualitative Fit Test Record

Date: _____

Company: _____

Employee: _____

Respirator Used: _____

Of Squeezes to Sensitivity (10, 20, 30): _____

In order to pass, the subject must not detect BITREX[®] during any of the excercises.

Exercise

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| 1. Normal Breathing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Deep Breathing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Turning Head Side to Side: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Moving Head Up and Down: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Talking: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Jogging: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Normal Breathing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

OVERALL RESULTS

Fail: _____ Pass: _____

Comments: _____

Person Conducting Test

Employee:

I have been instructed in the proper use of the Moldex respirator.

I will follow all procedures, instructions, and warnings when wearing this type of respirator.

Signature _____

Date _____

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MOLDEX RESPIRATORY FIT TEST

Quantitative (PortaCount®) BITREX®
 Other _____

Name: _____
Company: _____
Employee No: _____
Moldex Model No: _____

Extra Small Small Medium Medium/Large Low Profile

By: _____ Date: _____

Fold Here

FIT CHECK

Respirator must be fit-checked by the wearer each time the respirator is put on.

FIT TEST

A fit test must be performed:

1. Whenever you change to a different respirator model.
2. Annually or sooner.

MOLDEX TECHNICAL ASSISTANCE
Call +1 (800) 421-0668 or +1 (310) 837-6500

9700-716 REV E 08/09

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Quantitative (PortaCount®) BITREX®
 Other _____

Name: _____
Company: _____
Employee No: _____
Moldex Model No: _____

Extra Small Small Medium Medium/Large Low Profile

By: _____ Date: _____

Fold Here

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Certificate of Respirator Training

This is to certify that:

_____ has been fit tested and trained in the use, limitations, and maintenance of Moldex respirators.

Supervisor/Instructor

Employer _____ Date _____

Employee Number _____ Department/Position _____

Respirator Model Number _____

Size : Extra Small Small Medium Medium/Large Large Low Profile

NIOSH Approval Number _____

Respirator Fit Test

Quantitative (PORTACOUNT) Fit Factor: _____ Pass Fail

Qualitative Type: _____ Pass Fail

Other _____ Pass Fail

Comments: _____

I acknowledge having received this Respirator Training while an employee of

Company _____

Print Employee Name _____

X _____

Signature

Date