

XIV. QUANTITATIVE FIT TEST FORM, PORTACOUNT LOAN FORM AND PROBED CARTRIDGE TEST INSTRUCTION

Following are the forms that should be used when performing a quantitative fit test or when borrowing any of the PORTACOUNT equipment. Also listed are the instructions for the Probed Cartridge Test. Please read them carefully.

A. PORTACOUNT LOAN PROGRAM

1. To borrow a Moldex PORTACOUNT read the Policies and Requirements memorandum.
2. Fill out the Request Form.
3. Fax it back to Moldex Technical Services, who will process your request and then contact you via telephone.

B. 8006 PROBED CARTRIDGE KIT INSTRUCTION

1. To quantitatively fit test the Moldex 8000 Respirator follow the Probed Kit instructions.

C. 7006 PROBED CARTRIDGE KIT INSTRUCTIONS

1. To quantitatively fit test the Moldex 7000, 7800 or 9000 series respirators.

D. PORTACOUNT FIT TEST RECORD

1. Fill out the top half of the form.
2. Begin performing the fit test and enter the fit factor for each exercise.
3. After the test record the overall fit factor. If the subject received a 100 or greater this is considered a Pass, for a half facepiece respirator. 500 or greater for full face respirator an APF at 50.
4. The person performing the test should sign the form.
5. 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.

E. RESPIRATORY FIT TEST CARD

1. Once an employee has passed the fit test and been assigned a respirator, fill out the Respiratory 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.

F. CERTIFICATE OF RESPIRATORY 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.

PortaCount[®] Fit Test Record

Date: _____

Company: _____

Employee: _____

Respirator used: _____

PortaCount[®] used: PortaCount[®]: _____ PortaCount[®] Plus: _____ PortaCount[®] Plus w/N95-Companion[™]: _____

Exercise

1. Normal Breathing
2. Deep Breathing
3. Turning Head Side to Side
4. Moving Head Up and Down
5. Talking
6. Grimace (15 seconds)
Normal Breathing (45 seconds)
7. Bending Over or Jogging in Place
8. Normal Breathing

Recorded Fit Factor

Fit Factor: _____

Fit Factor: _____

Fit Factor: _____

Fit Factor: _____

Fit Factor: _____

Fit Factor: _____

Fit Factor: _____

Fit Factor: _____

OVERALL FIT FACTOR _____ Pass: _____ Fail: _____
(For a passing mark overall Fit Factor must be at least 100 for half masks and at least 500 for full face masks)

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 _____

Memorandum

TO: Moldex Regional & Territory Managers
FROM: Jeffrey S. Birkner – V.P. of Technical Services
DATE: June, 2017
RE: T.S.I. PortaCount & OHD Loan Programs

The Moldex PortaCount™ & OHD Loan Programs are an important part of our Technical Services support.

In an on going effort to assist current Moldex respirator users, and as a sales tool to convert more endusers to our respirators, the following is a description of our policies.

GENERAL POLICIES & REQUIREMENTS

1. A Moldex Representative must deliver or authorize that Moldex send the PortaCount to the End User.
2. The Moldex Representative should be able to provide training and or assistance if needed.
3. The End User may be required to pay for shipping or insurance costs or both.
4. The End User should purchase or have available the appropriate materials needed for the fit testing, i.e. #8006 or #7006 Probed Cartridge Kit, Different sizes of facepieces: #7001, #7002, #7003, #7801, #7802, #7803, #8001, #8002, #8003, #9001, #9002 and #9003, or the appropriate disposable respirators such as: #2200N95, #2300N95, #2310N99, etc. It is also good practice to have available other sizes small, low profile, etc.
5. The End User must either be using Moldex Respirators or willing to compare and evaluate Moldex Respirators to what they are currently using.
6. The End User may use the PortaCount for up to 1 week before they are required to return it to Moldex or before the Moldex Representative will pick it up.

Attached to this memo you will find a copy of the Porta Count™ Loan Request Form.

Please note that these are only general guidelines and Moldex can change these procedures accordingly to accommodate the best interests of Moldex and the End User.



PortaCount[®] Loan Program Request Form

Company: _____
 Contact: _____
 Title: _____
 Phone: _____ FAX: _____
 Ship To Address: _____
 City: _____ State: _____ Zip: _____

Moldex Representative: _____ Assistance Required: Y or N
 Distributor: _____ Assistance Required: Y or N
 Date Needed: _____ Estimated Date of Return: _____

Respirators Currently Used:

_____ Brand #1 _____ Brand #2 _____ Brand #3

Number of Users:

_____ Brand #1 _____ Brand #2 _____ Brand #3

Once completed, return form via FAX to Moldex Technical Services at +1 (310) 837-9563 or Email to tech@moldex.com. You will be contacted via telephone for verification and shipment date.

For Moldex external use only

Approved for Loan:	Yes / No	Date to be shipped:
Serial Number of PortaCount:		Shipment authorized by Moldex:
Serial Number of Companion:		
Shipping Via:		Tech Service Rep:
Shipping Fee:	Moldex / End User	Date:
Insurance Fee:	Moldex / End User	

Note to Rep: : Usual shipping method/UPS 3 Day, Insure for \$12,500

9700-001 REV C 06/17



OHD - Quantifit™ Catridge Adapter Loan Program Request Form

Company: _____
 Contact: _____
 Title: _____
 Phone: _____ FAX: _____
 Ship To Address: _____
 City: _____ State: _____ Zip: _____

Moldex Representative: _____ Assistance Required: Y or N
 Distributor: _____ Assistance Required: Y or N
 Date Needed: _____ Estimated Date of Return: _____

Respirators Currently Used:

_____ Brand #1 _____ Brand #2 _____ Brand #3

Number of Users:

_____ Brand #1 _____ Brand #2 _____ Brand #3

Once completed, return form via FAX to Moldex Technical Services at +1 (310) 837-9563 or email to tech@moldex.com. You will be contacted via telephone for verification and shipment date.

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Approved for Loan:	Yes / No	Date to be shipped:
Serial Number:		Shipment authorized by Moldex: Tech Service Rep:
Shipping Via:		
Shipping Fee:	Moldex / End User	Date:
Insurance Fee:	Moldex / End User	