

For SASWH Approved Fit Tester Use

SASWH's approved fit tester completes this form at the fit testing session; this completed document will be provided to the employer for their due diligence/retention of records.

Worker Name: _____ Date: _____

Pre-fit testing

Workers present themselves in the same personal condition they would expect to be in when using the respirator at work, including any personal protective equipment (PPE).

Orientation completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No - reschedule fit testing accordingly	
Respirator user screening form completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No - reschedule fit testing accordingly	
Has had no food/drink (except plain water), has not smoked/chewed gum for at least 15 minutes prior	<input type="checkbox"/> Yes	<input type="checkbox"/> No - reschedule fit testing accordingly	
Clean shaven/no respirator interference	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Eye glasses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Contact lenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Dentures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Hair style (e.g., hair buns)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
PPE worn by worker (indicate):	<input type="checkbox"/> goggles <input type="checkbox"/> face shield <input type="checkbox"/> bonnet <input type="checkbox"/> other:		
Cautions/limitations reviewed for awareness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Complete the assessment/ exercises on page 2 for applicable test (qualitative or quantitative):

Check if Quantitative Respirator Fit Test

Check if Qualitative Respirator Fit Test and indicate agent used and loads:

Agent used: _____ Initial load: _____ ½ load: _____

Advise worker that wearing a respirator with a fit test hood will elevate carbon dioxide levels/decrease oxygen levels, and this can cause discomfort. If this occurs, the worker notifies you to interrupt the test and remove the hood and respirator.

Respirator Information/testing (record unsuccessful and successful)

Manufacturer	Model/Size	Respirator Pass (Yes/No*)

***Disposable respirators are NOT to be forced or modified (e.g., no knotting straps/no crossing straps/no adjusting straps at staples) to achieve successful fit. If unable to successfully fit with respirators available, the worker is advised to contact their manager/supervisor for a protective alternative (e.g., fit testing with other approved respirator/s; as per employer's current Work Standard).**

Notes: _____

General Cautions/Limitations for N95 Disposable Respirators

Always refer to manufacturers package insert for specific information

- Not for use in atmospheres containing less than 19.5 percent oxygen or in atmospheres immediately dangerous to life or health. Do not exceed maximum use concentrations established by regulatory standards. Failure to properly use and maintain this product could result in injury or death.
- All approved respirators shall be selected, fitted, used, and maintained in accordance with applicable regulations. Never substitute, modify, add, or omit parts. Use only exact replacement parts in the configuration as specified by the manufacturer.
- Refer to user's instructions/maintenance manuals for information on use/maintenance of respirators. NIOSH does not evaluate respirators for use as surgical masks.

SASWH's approved fit tester follows the current CAN/CSA Standard Z94.4-18.

The following is intended as a reference only; refer to the CSA Standards for detail

Note: "B" clauses are for qualitative; "C" clauses are for quantitative

B.2.3.3 and C.2.3.3. Comfort Assessment Conditions and Criteria: Assessment of comfort and appropriateness of fit test shall include fit tester confirming through observation that the following conditions and criteria are met:

- proper placement of the chin in its resting space;
- proper fit and position of facepiece on nose (if a half-facepiece) or nose cup on nose (if a full-facepiece);
- position of the eyes within the facepiece lens to allow the best peripheral vision (if a full-facepiece)
- optimal strap tension (not too loose or too tight) and positioning;
- accommodation of spectacles (lens inserts in a full facepiece) or eye protection (with a half- facepiece), without adversely affecting face-to-facepiece seal;
- intelligible speech without an obvious break in the face-to-facepiece seal;
- stability, against tendency for a facepiece to slip, create excessive pressure or break the seal, for example in the presence of movement or contact with other integrating PPE or accessories;
- full contact of the sealing surface of the facepiece to the face;
- proper positioning of additional integrating equipment (i.e., PPE) for function;
- successful seal check, followed by sufficient time allowed (at least 5 min) for assessment of comfort in relation to the face-to- facepiece seal, strap tension, or other pressure points resulting from integrating PPE if worn, including corrective lens inserts, safety glasses, hoods, helmets etc.;
- wearer's verbal confirmation of adequate comfort (see Clause B.2.3.5 or C.2.3.5); and
- repeated successful user seal check.

B.2.3.4 and C.2.3.4 Comfort assessment movements: Throughout the process of assessing comfort that meets the criteria in Clause B.2.3.3 or C.2.3.3, and after the waiting period, wearer should perform the following movements for 3 to 5 seconds:

- 1. Nod head up and down
- 2. Tilt head with left ear touching left shoulder and then right ear touching right shoulder
- 3. Turn head from one side to the other
- 4. Shake head twice vigorously
- 5. Perform facial expressions: open-close mouth as if speaking, move jaw left to right, up-down, smile, frown

B.2.3.5 and C.2.3.5 Comfort assessment scoring: Wearer asked to score the facepiece according to the following criteria:

- 0** - no issues
- 1** - discomfort that can be ignored
- 2** - some discomfort but still able to function (new redonning/repositioning or use alternative respirator option)
- 3** - unacceptable discomfort - not bearable (reject respirator; protective alternative)

B.2.3.8 and C.2.3.8 Acceptable comfort validation question: After passing the fit test, wearer shall be further assessed regarding the comfort of the respirator through the following question:

"Does this specific respirator provide you an acceptable comfort level for the scope of your work?"

Yes No If No, a protective alternative shall be made available within the scope of the RPP.

B.2.5.2 QLFT challenges the respirator seal; each exercise performed for at least 30 seconds:

- 1. normal breathing
- 2. deep breathing (deep and regular)
- 3. turn head side (inhale) to side (exhale)
- 4. nodding head up (inhale) and down (exhale)
- 5. talking (loud enough to be understood/slowly for duration of exercise)
- 6. bending over (space permitting) at the waist/try to keep head and back parallel to floor; repeat at comfortable pace/pause long enough to inhale twice at each extreme position
- 7. and then normal breathing again

Respiratory Fit Tester Name

Respiratory Fit Tester Signature

Completed by the Worker: I understand this document will be provided to my employer for their retention/records.

Worker Signature

Date