



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 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 the 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: _____ 1/2 load: _____

Advise the worker that wearing a respirator with a fit test hood may 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, crossing, or adjusting straps) to achieve a successful fit. If unable to successfully fit with respirators available, the worker is advised to contact their manager/supervisor for an 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 the manufacturer's 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 the respirator 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 Protocols and Resources.

Comfort Assessment Conditions and Criteria: To check the comfort and appropriateness of fit, a comfort assessment is completed. The assessment includes:

- Proper placement on the chin
- Proper positioning on the nose
- Ensuring proper visibility
- Straps are not too tight or loose
- Applicable PPE doesn't interfere
- Can speak without breaking the seal

Comfort assessment movements: During the comfort-assessment process, the worker should carry out the following movements for 3-5 seconds each:

- 1. Gently nod the head up and down
- 2. Lean the head so the left ear moves toward the left shoulder, then repeat on the right side
- 3. Turn the head left to right
- 4. Shake the head vigorously twice
- 5. Make various facial movements: open and close the mouth as if talking, move the jaw side to side and up and down, smile, and

Comfort assessment scoring: The worker is asked to score the facepiece according to the following criteria:

- 0** - No issues or
- 1** - Minor discomfort, easily ignored
- 2** - Noticeable discomfort, but still able to perform tasks (new donning/repositioning or use alternative respirator)
- 3** - Severe discomfort, intolerable or unmanageable (choose alternative respirator or option)

Acceptable comfort validation question (B.2.3.8 and C.2.3.8): Once the fit test has been successfully completed, the workers' comfort with the respirator must be reassessed by asking:

"Does this respirator give you a level of comfort that you consider acceptable for the work you will be performing?" Yes No

If the answer is "No," another suitable protective option must be provided as part of the respiratory protection program.

QLFT exercises performed (B.2.5.2) to check the fit of the respirator. Each exercise is 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 the floor; repeat at a comfortable pace/pause long enough to inhale twice at each extreme position
- 7. Normal breathing again

To receive a wallet card verifying the worker has met the requirements for fit testing, ensure the following are met:

- All documentation, including orientation and the Screening form
- Competent in donning and doffing procedures
- Proper fit of a respirator

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 (dd/mm/yyyy)