



# Respirator Fit Test Screening Form

## PART 1: WORKER INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ Employee #: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Title/occupation: \_\_\_\_\_

## PART 2: EMPLOYER INFORMATION

Employer name: \_\_\_\_\_ Worksite address: \_\_\_\_\_  
 Supervisor name: \_\_\_\_\_ Supervisor phone #: \_\_\_\_\_  
 Supervisor email: \_\_\_\_\_

## PART 3: CONDITIONS OF USE

Activities requiring respirator use: \_\_\_\_\_

- Frequency of respirator use:  Daily  Weekly  Monthly  Yearly  Other
- Exertion level during use:  Light  Moderate  Heavy  Other
- Duration of respirator use per shift  <1/4 h  >1/4 h  >2 h  Variable  Other
- Temperature during use:  <0° C  >0 and <25°C  >25°C
- Atmospheric pressure during use:  Reduced  Normal/ambient  Increased

## SPECIAL WORK CONSIDERATIONS

- Uncontrolled hostile environment:
- Atmospheres immediately dangerous to life  Firefighting  Riot/police activity  Rescue operations
- Hazardous materials (emergency)  Oxygen deficiency  Confined spaces
- Other: \_\_\_\_\_

### Other personal protective equipment (PPE):

- Additional types of PPE required:  goggles  face shield  bonnet  
 other (specify) \_\_\_\_\_
- Estimated total weight of tools/equipment carried during respirator use: Maximum: \_\_\_ Average: \_\_\_

## PART 4: TYPES OF RESPIRATORS USED (check all that apply)

- Tight-fitting  Non-tight-fitting (e.g., hood)  SCBA - open circuit  Mouth bit
- SCBA - closed-circuit  Air-purifying, non-powered  Airline, continuous-flow  SCA - escape
- Air-purifying, powered  Airline, pressure-demand  SCBA - closed-circuit escape
- Multi-functional pressure-demand/Airline with escape  Supplied-air suit
- Combined airline with air-purifying elements  Other (specify): \_\_\_\_\_



## PART 5: WORKER'S HEALTH CONDITIONS

Medical information is **NOT** to be offered on this form.

1. Some conditions\* can seriously affect your ability to safely use a respirator. Do you have or do you experience any condition **that may affect respirator use**? Yes  No
2. Have you experienced allergies or adverse health reactions to any of the following? Yes  No   
household chemicals, latex, dental anesthetics, artificial sweeteners
3. Have you had previous difficulty while using a respirator? Yes  No
4. Do you have any concerns about your future ability to use a respirator safely? Yes  No
5. Have you ever had a severe adverse health reaction or condition while undergoing a fit testing process? Yes  No

A "YES" answer to question 1, 2, 3, 4 or 5 indicates further assessment by a health care professional is **required** prior to respirator use.

Worker signature: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor's initials: \_\_\_\_\_

## PART 6: HEALTH CARE PROFESSIONAL (HCP) PRIMARY ASSESSMENT (if required)

A health care professional is defined as an individual who is licensed by a provincial licensing authority or equivalent to practice medicine or nursing and who possesses experience and knowledge in the field of occupational health and safety. The degree of knowledge/experience required by the health care professional is sufficient to understand why the respirator is being worn during the course of the work, and that, in doing so, the individual in question is not at risk.

Assessment date: \_\_\_\_\_

Respirator use permitted:  Yes  No  Uncertain

Referred to medical assessment:  Yes  No

Comments: \_\_\_\_\_

Reassessment date: \_\_\_\_\_ Name of HCP: \_\_\_\_\_

Title of HCP: \_\_\_\_\_ Signature of HCP: \_\_\_\_\_

## PART 7: MEDICAL ASSESSMENT (if required) DO NOT include specific personal health information.

Class 1. No restrictions

Class 2. Some specific restrictions apply (specify): \_\_\_\_\_

Class 2. Some specific restrictions apply (specify) \_\_\_\_\_

Class 3. Respirator use is NOT permitted.

Name of physician: \_\_\_\_\_ Signature of physician: \_\_\_\_\_

SASWH recommends that the employer retain a copy for their records.

\* Conditions that may affect a worker's ability to wear a respirator.

- shortness of breath
- lung disease
- hypertension
- neuromuscular disease
- temperature susceptibility
- panic attacks
- vision impairment
- back/neck problems
- prescription medication to control a condition
- breathing difficulties
- chest pain on exertion
- cardiovascular disease
- fainting spells
- claustrophobia/fear of heights
- color blindness
- reduced sense of smell
- unusual facial features/skin conditions
- chronic bronchitis
- heart problems
- thyroid problems
- dizziness/nausea
- hearing impairment
- asthma
- reduced sense of taste
- emphysema
- other conditions affecting respirator use