

Saint Louis University
Student Health Center
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CERTIFICATE OF EXAM---RESPIRATOR FIT TEST

Patient: _____

Date of Birth: _____

Banner: _____

Department: _____

Respirator Manufacturer: _____

Model: N95 Particulate Respirator Pro Gear

NIOSH approval # RP88020

This patient FAILED the respirator physical / fit testing procedure.

This patient is NOT cleared to wear respirator protection.

Examiner's signature and Date _____

Patient's signature and Date _____

This patient PASSED the respirator physical / fit testing procedure.

USER INSTRUCTIONS

OSHA requires fit testing for all employees who wear respirators. To ensure that PFR95 Particulate Filter Respirators provide the intended level of protection, every wearer should receive training. This includes demonstrations and practice time on how to properly don the respirator and to determine if it fits correctly.

Directions for Proper Donning 3M 1860-1860S Respirator

Proper donning of a PFR95 Particulate Filter Respirator may feel a little awkward at first, but it will become easier with repeated applications. The following instructions should be followed when donning this product:

1. Cup the respirator in your hand with the nosepiece at fingertips, allowing the head straps to hang freely below hand.
2. Position the respirator under your chin with the nosepiece up.
3. While holding the respirator in place, pull the top strap over your head so it rests high on the back of your head.
4. While continuing to hold the respirator firmly in place, pull the bottom strap over your head and position it around your neck, below your ears. Untwist the straps. Position the respirator low on your nose.
5. Using both hands, mold the nosepiece to the shape of your nose by pushing inward while moving your fingertips down both sides of the nosepiece. (Note: Always use two hands when molding nosepiece. Pinching with one hand may result in improper fit and less effective respirator performance.)
6. Now, perform a positive pressure Fit Check.

Directions for Fit Checking:

To ensure PFR95 Particulate Filter Respirators are providing the intended level of protection, they MUST be "Fit Checked" each and every time they are worn.

To perform the fit check, place both hands completely over the respirator, being careful not to disturb the position, and exhale sharply. If air leaks around your nose, adjust the nosepiece as described in step 5. If air leaks at respirator edges, adjust the straps back along the sides of your head. Perform fit check again if an adjustment is made. If you cannot achieve a proper fit, see your supervisor. Do not enter area requiring use.

Note: Fit Checking is NOT a substitute for Fit Testing. Fit Checking is a simple procedure intended to help the wearer verify that he/she has properly donned the respirator. Fit testing is designed to determine the appropriate size respirator for each wearer. Fit Testing should be conducted as determined in your facility's respiratory protection program.

Tips for Achieving a Good Fit

If the wearer is having a problem successfully Fit Checking the respirator, he/she should try the following tips:

1. Use a mirror while adjusting the respirator.
2. Ask someone to look for the hair or earrings that might be caught in the seal.

SAFETY REMINDER

The respirator must be Fit Checked each and every time it is donned.

Do Not proceed with activities until a successful Fit Check has been completed.

OSHA Respirator Medical Evaluation Questionnaire

Patient: _____

Date of Birth: _____

Banner: _____

Department: _____

Date ____-____-____ Age: ____ Sex (circle one): Male Female

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination. However, it does require that a Physician or Licensed Health Care Professional (PLHCP) review this questionnaire and provide a medical evaluation to determine the employee's ability to use a respirator before the employee is fit tested or required to use the respirator in the workplace. 29 CFR 1910.134(e) (1)

To the employee:

Can you read? (Circle one) Yes/No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory)

The following information must be provided by every worker who has been selected to use any type of respirator (please print).

6. Have you ever had any of the following cardiovascular or heart symptoms?

Yes No a. Frequent pain or tightness in your chest?

Yes No b. Pain or tightness in your chest during physical activity

Yes No c. Pain or tightness in your chest that interferes with your job

Yes No d. In the past two years, have you noticed your heart skipping or missing a beat?

Yes No e. Heartburn or indigestion that is not related to eating

Yes No f. Any other symptoms that you think may be related to heart or circulation problems

7. Do you currently take medication for any of the following problems?

Yes No a. Breathing or lung problems

Yes No b. Heart trouble

Yes No c. Blood pressure