

APPENDIX H

FIT TEST RECORD

SHASTA COUNTY

RESPIRATOR ASSIGNMENT AND FIT TEST RECORD

EMPLOYEE NAME: DEPT: DATE:
JOB DESCRIPTION:
CONTAMINANTS:
RESPIRATOR TYPE, MAKE & MODEL:
<p style="text-align: center;">MEDICAL EVALUATION RESULTS:</p> <p>This is to certify that the above named employee was examined in accordance with the provisions of Title 8 CCR Section(s) 1529 and/or 5144. This document provides the results of the medical examination and included as part of a written opinion that I have not detected any medical conditions that: 1) would place any of these employee(s) at an increased risk of material health impairment from exposure to airborne hazards (including asbestos fibers), and 2) would not limit the use of negative pressure respirators. I have informed the employee of the results of the medical examination. I also certify that the employer supplied me with all information required by T8CCR 1529 and/or 5144.</p> <p style="text-align: center;"><input type="checkbox"/> is physically capable</p> <p style="text-align: center;"><input type="checkbox"/> is NOT physically capable</p> <p style="text-align: center;">of using a negative-pressure, air supplied respirator and/or powered air purifying respirator subject to the following restrictions:</p> <p><input type="checkbox"/> Respirator use should be limited to air-supplied or powered air purifying respirators using positive pressure</p> <p><input type="checkbox"/> No respirator use if wheezing or shortness of breath are evident</p>
<p style="text-align: center;">FIT TEST RESULTS:</p> <p style="text-align: center;"><input type="checkbox"/> SATISFACTORY</p> <p style="text-align: center;"><input type="checkbox"/> UNSATISFACTORY</p> <p style="text-align: center;"><i>(attach actual results if the test was performed using Quantitative test methods)</i></p>
REMARKS: Sensitivity Test =

NAME OF PERSON CONDUCTING TEST _____

SIGNATURE _____