



Initial Qualitative Fit Testing

1. Are you allergic to Saccharin or Bitrex? Yes No

2. Do you have or have you ever had any of the following:

Emphysema or asthma	Yes	No
Chronic obstructive pulmonary disease	Yes	No
Chronic bronchitis	Yes	No
Tuberculosis	Yes	No
Other lung disease	Yes	No

3. Do you smoke? Yes No

If yes, number of packs per day _____ Number of years of smoking _____

4. Do you take any medications on a regular basis: Yes No

If yes, please list:

5. Do you ever have wheezing or shortness of breath? Yes No
If yes, does it occur at rest? Yes No
If yes, does it occur with exercise? Yes No

How far can you walk before becoming short of breath? _____

6. Do you have a cough? Yes No
If yes, is it chronic or acute (less than 2 weeks duration) Yes No
If yes, is it productive? Yes No

If yes, for how long and color of sputum: _____

7. Do you have medical problems that might interfere with respirator use? Yes No

(Internal – do not complete)

a) Elements of respirator Fit Testing medical evaluation completed	<input type="radio"/> Met	<input type="radio"/> Not Met
b) Employee instructions given regarding fit testing use of mask and seal check	<input type="radio"/> Met	<input type="radio"/> Not Met
c) Employee to don the respirator mask per manufacturer guidelines	<input type="radio"/> Met	<input type="radio"/> Not Met

Agent Used: Bitrex Saccharin #Of Sensitivity squeezes 5 10

Results: Pass Fail Reviewer’s Signature: _____

Type of Mask: _____ **Respirator Size:** _____

Please note that the following changes will result in the need to be fit tested to ensure proper physical fit: a greater than 10% change in body weight, major dental work or facial change and/or physical problems which would prevent you from wearing the respirator mask. I have been instructed in the proper use of the respirator mask. I will follow procedures, instructions and warnings when wearing this type of protection. I have been given the opportunity to ask questions concerning all aspects of respirator use.

Employee Signature: _____ **Date:** _____