Respiratory Protection Plan – Form 3: Respirator Assignment and Fit Record

Employee Name: _____ Voluntary Use Y/N: _____

Respirator Use Location: _____

Operation in Which Respirator is Used: _____

Chemical Exposure: _____

Frequency of Respirator Use: _____ Duration of Respirator Use: _____

Respirator Type: _____ Date Respirator Issued: _____

Respirator Make / Model / Size: _____ Date of Fit-Test: _____

Cartridges / Filters Supplied: _____

User Instructions:

Positive Pressure Test: _____ Negative Pressure Test: _____

Donning & Doffing Methods: _____ Cleaning: _____ Maintenance: _____

Problems with the respirator which require immediately leaving the area and seeking assistance from your supervisor or EH&S:

- Breathing becomes difficult _____
- Dizziness or other distress _____
- Sense irritation, smell or taste contaminants _____
- Respirator becomes damaged _____

1. I, *the above named employee*, understand that a respirator must fit properly in order to be effective. I have been fit-tested while wearing the above named respirator for a face-to-face seal. I have worn the respirator in ambient air to familiarize myself with it and I have worn it in a testing atmosphere while undergoing a qualitative fit-test.
2. I have received instructions and have had the opportunity to practice donning and wearing the respirator. I know how to adjust it and determine if it is fitting me properly. I am aware that I am in violation of safety codes and College policy if I wear the respirator with a beard, stubble or other facial hair that interferes with either the respirator's seal on my face, or valve function. I also understand that a proper seal cannot be made over the temples of eye glasses.
3. I understand that I am responsible for the daily maintenance and proper storage of my College issued respirator and that I must return it to my manager when my job no longer requires that I wear the respirator, or I terminate my employment with the College.

Employee Signature: _____ Date: _____

Occupational Health Provider Signature: _____ Date: _____

EH&S Signature: _____ Date: _____