

GROUP HEALTH COOPERATIVE

TB Respirator Fit-Test and Training Record

Name: _____ Date: _____
(please print)

Work Unit: _____

Fitting

Type of qualitative/quantitative fit-test used: _____

1. ____ Number of Squeezes Taste Test
2. ____ Satisfactory Fit Check Test-Inhale/Exhale

<u>Respirator MFR/Model No.</u>	<u>Size</u>	<u>Pass/Fail</u>
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3. _____	S M L	P F
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4. _____	S M L	P F
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Notes:

Name of test operator: _____ Initials: _____ Date: _____

Training Record

I certify that I have been trained in the use of the above respirator.

This training included the inspection procedures, fitting, maintenance, and limitations of the above respirator(s). I understand how the respirator operates and provides protection. I further certify that I have heard the explanation of the unit as described above, and I understand the instructions relevant to use, cleaning, disinfecting, and the limitations of the unit. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction.

Source: Group Health Cooperative, Seattle