

Berkeley Lab Respiratory Protection

Appendix E. Berkeley Lab Respirator Fitting & Issue Record

I. EMPLOYEE INFORMATION

Name: _____ Phone: _____
(Last) (First) (MI)

Division: _____ Job Title: _____

Medical review date: _____

Mail stop: _____ DOB: Employee ___/___/___ No.: _____

Supervisor: _____ Phone: _____
(Last) (First)

II. BRIEF HAZARD DESCRIPTION

Comments:

III. QUANTITATIVE FIT TESTING RESULTS

(Minimum fit factor =100 for filtering facepiece respirators, 1,000 for half mask & 1,500 for full facepiece negative pressure respirators, unless otherwise approved by the RPPA)

(Brand)	(Model #)	(Half or Full face)	(Size)	(Overall fit factor)	(Pass/Fail)
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Fit-Test Operator: _____ Filters/Cartridges Issued: _____

IV. RESPIRATOR USE STATUS

High use Moderate use Infrequent use Off program

Date off program ___/___/___

Does the employee report medical signs or symptoms related to respirator use (shortness of breath, dizziness, chest pains, wheezing)? (Yes/No)

Has Health Services or a Supervisor informed Industrial Hygiene that the employee needs to be re-evaluated? (Yes/No)

Is there any information from the Respiratory Protection Program, including any indication during fit testing and Program evaluation, that the employee needs to be re-evaluated? (Yes/No)

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Has there been a change in workplace conditions (e.g., physical work effort, protective clothing, or temperature) that might result in a substantial increase in the physiological burden placed on the employee? (Yes/No)

Comments: _____

If Yes is circled on any of the questions above, date referred to Health Services for Medical Re-evaluation ___/___/___

V. TRAINING

The employee named has been trained in the selection, use, storage, limitations, cleaning, and other requirements for the respirator specified in Section III as per 29 CFR 1910.134 and Z88.2. If additional medical review is indicated, the employee has been re-evaluated and approved by Health Services.

Employee Signature: _____ Date: ___/___/___

EHSS Signature: _____ Date: ___/___/___