

# N95 Respirator Fit Test Record

Zuckerberg San Francisco General Hospital Respiratory Protection Program

## For Employee to Complete

PLEASE PRINT LEGIBLY AND FULLY COMPLETE EMPLOYEE SECTION

Name: last first Employer: ☐ UCSF ☐ SFGH/CCSF Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Job Title: \_\_\_\_\_ Class: \_\_\_\_\_

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Department: \_\_\_\_\_ Location: \_\_\_\_\_

SS #: xxx-xx Cell Phone: \_\_\_\_\_ Manager: \_\_\_\_\_

## For Occupational Health Service to Complete

Medically cleared: ☐ Yes ☐ No \*

☐ Previous medical evaluation is on record. There are no new stated medical problems that would preclude N95 respirator use.

Hazard: Mycobacterium Tuberculosis / Covid -19

Training: ☐ (1) Hazards/Use (2) Limitations (3) Putting on a Respirator (4) Seal Checks (5) Inspection (6) Storage (7) Disposal

### Respirator Fit Test Procedure & Results:

| Fit Test Solution  | Number of Squeezes for Fit Test<br>-initial squeezes/squeezes every 30 seconds- |       |       |
|--|---|-------|-------|
| <input type="checkbox"/> Saccharin <input type="checkbox"/> Bitrex | 10/5  | 20/10 | 30/15 |

| Selection |   |  | Qualitative Fit Test Results<br>-one minute per section- |              |              |             |            |              |                |  |
|-----------|---|--|--|--------------|--------------|-------------|------------|--------------|----------------|--|
| Test #    | N95 Model                                       | Size   | Normal Breaths   | Deep Breaths | Side to Side | Up and Down | Speak Talk | Jog In Place | Normal Breaths | Pass Fail*   |
| 1         | <input type="checkbox"/> 3M N95 1860            | <input type="checkbox"/> Small<br><input type="checkbox"/> Regular   |  |              |              |             |            |              |                | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail |
| 2         | <input type="checkbox"/> 3M N95 Aura 1870 +     | <input type="checkbox"/> One Size Only   |  |              |              |             |            |              |                | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail |
| 3         | <input type="checkbox"/> 3M N95 Aura 9205+      | <input type="checkbox"/> One Size Only   |  |              |              |             |            |              |                | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail |
| 4         | <input type="checkbox"/> Halyard N95 (Duckbill) | <input type="checkbox"/> Small 46827<br><input type="checkbox"/> Regular 46727   |  |              |              |             |            |              |                | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail |
| 5         | <input type="checkbox"/> Moldex N95             | <input type="checkbox"/> 1510----XS<br><input type="checkbox"/> 2211----Small<br><input type="checkbox"/> 1512----Medium<br><input type="checkbox"/> 1513----Large<br><input type="checkbox"/> 1517----Low Profile |  |              |              |             |            |              |                | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail |

### Comments:

- ☐ **Instructions given to employees who failed all N95 fit tests or the N95 medical exam:**
- At this time, the employee is not permitted to perform patient care for suspected or confirmed respiratory isolation patients or enter respiratory isolation rooms.
  - If failed due to facial hair, the employee may return to clinic for fit test once facial hair is shaved.
- ☐ **For current employees**, please submit this form to your **manager**.
- ☐ **For new employees**, please submit this form to **Human Resources**.
- ☐ **For those who failed all N95 mask testing**, a Quantitative Fit Test is recommended. Please **call OHS @ (628) 206-6581** to schedule an appointment for a quantitative fit test.

Fit Tester: \_\_\_\_\_

*Printed Name/Title*

*Signature*

*Date*