

# CERTIFICATION OF RESPIRATOR SELECTION & FIT TEST

Employee Name: \_\_\_\_\_ S.S. # \_\_\_\_\_

Project: \_\_\_\_\_ Job # \_\_\_\_\_

Respirator (s) Issued:

- Make & Model \_\_\_\_\_
- Approval No. \_\_\_\_\_
- Serial Number \_\_\_\_\_
- Issued By \_\_\_\_\_

Criteria	Yes	No	N/A
If needed, Tested with Glasses?			
If Powered, was Power Off?			
Clean Shaven & No Facial deformities?			
Quantitative Fit Test Performed?			
Qualitative Fit Test Performed ?			
Was Acrid Smoke Used as Testing Agent?			
Was Isoamyl Acetate test Agent Used?			
Was Face Contorted by talking & Movement?			
Was the Test Performed Under Exertion?			
Was the employee's reaction to test Agent Observed?			

Explain any (No) responses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that have been aware of the hazards involved with asbestos-related work. I have received training in, and understand, the care and use of my assigned respirator. I have been fitted with and received the correct size and types of respirator(s), and a respirator leak has been performed to verify proper fit.

\_\_\_\_\_  
**Employee Signature** \_\_\_\_\_  
Date

The test were conducted in compliance with OSHA 29 CFR 1910. 134, 1910, 1001, 1926.58 CAL OSHA Title 8 CAC 5144 & 0531 Standards.

\_\_\_\_\_  
**Test Administrator's Signature** \_\_\_\_\_  
Date