

Respiratory Protection
Fit Test¹/Equipment Issuance²
 California State University Fresno

Employee:	Title:	Department:			
Respirator:	<input type="checkbox"/> Half Mask	<input type="checkbox"/> Full Mask	<input type="checkbox"/> Particulate	<input type="checkbox"/> Powered Air	
Limitations: (explain)	<input type="checkbox"/> Facial Hair	<input type="checkbox"/> Glasses	<input type="checkbox"/> None	<input type="checkbox"/> Other	
Fit Test:	<input type="checkbox"/> Positive Pressure Test	Qualitative Test:	<input type="checkbox"/> Bitrex	<input type="checkbox"/> Isoamyl Acetate	
	<input type="checkbox"/> Negative Pressure Test	Pass / Fail (circle)	<input type="checkbox"/> Smoke	<input type="checkbox"/> Saccharin	
Respirator Issuance:	Make:	Model:	Style:	Size:	Filter/Cartridge used:
Employee Signature:				Date:	
Approved:				Date:	

¹Employee must be fit tested at least annually 8 CCR 5144 (f)(2).

²Employee responsible for respirator maintenance & cleaning in accordance with 8 CCR 5144(h).