N-95 PARTICULATE RESPIRATOR APPROVAL FORM FOR FIT TESTING

Annual Refit-Testing

VANDERBILT OCCUPATIONAL HEALTH CLINIC/VANDERBILT ENVIRONMENTAL HEALTH & SAFETY
Respiratory Protection Program

Section 1 – Employee Information —To be completed by employee: (Please PRINT)

PRINT Name:

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Department: Date of Birth (MM/DD/YYYY):

Date: Supervisor:

Since your last fit testing: (Circle yes or no)

NO YES Have you developed a serious health condition that interferes with using a respirator?

NO YES Has there been a change in the workplace condition (e.g., physical labor, protective clothing, temperature) that may substantially increase your physiological work effort?

-------------------------------------------------DO NOT WRITE BELOW THIS LINE-------------------------------------------------

Section 2– Medical Provider’s Written Opinion—Occ. Health Assessment: Date

I. You were evaluated to determine if you are physically able to perform assigned task(s) requiring the use of a particulate filtering respirator (i.e. N-95).

II. Your evaluation revealed the following:

[ ] A. You are approved to wear a particulate respirator without restrictions and can progress to the next step of training and equipment fit testing.

[ ] B. You are approved to wear a particulate respirator with the following restriction(s):

   _____ Do not wear the respirator if wheezing or short of breath.
   _____ Notify supervisor if you have difficulty wearing the respirator.

[ ] C. _____ You are not approved to wear a particulate respirator.

Section 3 – Respirator Issuance—To be completed by Environmental Health & Safety

RESPIRATOR:

Brand and Model Number:  

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<tr>
<td>[ ] 3M 1870+ (tri-fold, one size/all fit)</td>
<td>[ ] Small</td>
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<tr>
<td>[ ] 3M 1860S (blue molded)</td>
<td>[ ] Medium</td>
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<tr>
<td>[ ] 3M VFlex 1805 (larger, one size/all fit)</td>
<td>[ ] Large</td>
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<td>[ ] Other: ____________________________</td>
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FITTING:

[ ] Training for Use Completed by Employee  

[ ] Satisfactory Qualitative Bitrex Fit Test

[ ] Satisfactory Qualitative Saccharin Fit Test  

[ ] Satisfactory Portacount fit test

[ ] Satisfactory Positive Pressure Fit Check Test  

[ ] Could not complete fit testing process

[ ] Declined to participate in fit testing process

Approval Signature:  

Date:

Entered into VOHIS Not listed in database:_______(date attempted)  

No longer in program:_______(date)

Comments: __________________________

Revised: 3/8/2016