



MACKENZIE HEALTH
EMPLOYEE N95 MASK FIT-TESTING RECORD
 Occupational Health Unit

SECTION 1: EMPLOYEE INFORMATION			
Last name:	First:	Department:	
Employee No.#:	Manager's Name:	Occupation:	PL

PRE-TESTING INFORMATION – Please carefully read and answer the following questions:
(TO BE COMPLETED BY EMPLOYEE)

Certain conditions may affect your ability to safely wear an N95 mask. These include the following:

1. Shortness of breath
2. Unstable Lung Disease (asthma, emphysema, chronic bronchitis)
3. Breathing difficulties (i.e. sinusitis etc.)
4. Panic attack/Claustrophobia
5. Cardiac disease

Do you have concerns about your ability to wear an N95 mask safely? Yes No

Have you had anything to eat (e.g. chocolate, gum, candy) or drink within the last 15 minutes? Yes No

Did you smoke in the last 15 minutes? Yes No

Have you ever worn or been tested on an N95 mask before? Yes No
 If Yes, Model Number: 9210+ 8210 8110s 1860s 1860 1804 1804s Other: _____

If any difficulties, please describe: _____

I have completed the RESPIRATOR FIT-TESTING PRE-SCREENING QUESTIONNAIRE. I have had an opportunity to have my questions answered and consent to participating in the respirator fit-testing.
 Employee signature: _____ Date: _____

SECTION 2: TESTING INFORMATION - Please carefully read and complete each of the following:
(TO BE COMPLETED BY FIT-TESTER)

<p>Items reviewed:</p> <p><input type="checkbox"/> When an N95 respirator is needed.</p> <p><input type="checkbox"/> Correct donning of an N95 respirator.</p> <p><input type="checkbox"/> Seal (positive and negative check performed).</p> <p><input type="checkbox"/> Correct removal of an N95 respirator, including hand hygiene.</p> <p><input type="checkbox"/> Test expiration (Every two years or significant weight change).</p>	<p>Fit test:</p> <p><input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative (PortaCount)</p> <p>Tested on N95:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p>First selection:</p> <p><input type="checkbox"/> 3M 8110s</p> <p><input type="checkbox"/> 3M 8210</p> <p><input type="checkbox"/> 3M 9210+</p> <p><input type="checkbox"/> 3M 1860s</p> <p><input type="checkbox"/> 3M 1860</p> </td> <td style="width:50%; vertical-align: top;"> <p><input type="checkbox"/> 3M 1804</p> <p><input type="checkbox"/> 3M 1804s</p> <p><input type="checkbox"/> Other: _____</p> </td> </tr> </table>	<p>First selection:</p> <p><input type="checkbox"/> 3M 8110s</p> <p><input type="checkbox"/> 3M 8210</p> <p><input type="checkbox"/> 3M 9210+</p> <p><input type="checkbox"/> 3M 1860s</p> <p><input type="checkbox"/> 3M 1860</p>	<p><input type="checkbox"/> 3M 1804</p> <p><input type="checkbox"/> 3M 1804s</p> <p><input type="checkbox"/> Other: _____</p>
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Test Result: PASS FAIL

I understand the circumstances when I am required to wear an N95 respirator. I have been fit tested successfully to wear an N95 _____ mask. I understand that fit testing is respirator-specific, and I will wear the above N95 mask only. This test expires on _____.

Employee signature: _____	Date: _____
Fit-tester signature: _____	Date: _____