



Fit Test Form / Respirator User Screen Form

Please select your training location:

SUDBURY 1545 Maley Drive
Sudbury ON, P3A 4R7

TIMMINS 76 McIntyre Road
Schumacher ON, P0N 1G0

A completed copy of this form MUST BE RETURNED TO YOUR EMPLOYER.

For initial and periodic screening of respirator users in conjunction with CSA Z94.4, Clause12

PART 1: EMPLOYER INFORMATION

Employer name: _____

Supervisor name: _____

Telephone: () –Fax: () or E-mail _____

PART 2: RESPIRATOR USER INFORMATION

Name: _____

Title/Occupation: _____

Telephone: () – Fax: () or E-mail _____

PART 3: CONDITIONS OF USE

ACTIVITIES requiring respirator use: _____

FREQUENCY of respirator use: (circle one)

Daily

Weekly

Monthly

Yearly

Other

EXERTION level during use: (circle one)

Light

Moderate

Heavy

Other

DURATION of respirator use per shift: (circle one)

<1/4 h

>1/4 h

>2 h

Variable

Other

Other personal protective equipment (specify): _____

Respirator User's Health Conditions

Circle **YES** or **NO** only. **DO NOT** specify note: **Medical information is NOT to be offered on this form.**

- a) Some conditions can seriously affect your ability to safely use a respirator.
Do you have or do you experience any of the following or any other condition
that could affect respirator use?

YES or **NO**

Shortness of breath | Breathing difficulties | Chronic Bronchitis | Emphysema | Lung disease | Dentures
Chest pain of exertion | Heart problems | Allergies | Hypertension | Cardiovascular disease | Thyroid problems
Diabetes | Neuromuscular disease | Fainting spells | Dizziness/Nausea | Seizures | Temperature susceptibility
Claustrophobia/Fear of heights | Hearing impairment | Pacemaker | Panic attacks | Colour blindness | Asthma
Vision impairment | Reduced sense of smell | Back/Neck problems | Unusual facial features/Skin conditions
Other condition(s) affecting respirator use | Prescription medication to control a condition

- b) Have you had previous difficulty while using a respirator?

YES or **NO**

- c) Do you have any concerns about your future ability to use a respirator safely?
*A "YES" answer to (a), (b), or (c) indicates further assessment by a health care
professional is required prior to respirator use.*

YES or **NO**

TYPES OF RESPIRATOR USED/REQUESTED: (PLEASE CHECK)

Fit: Half mask

Full face

Brand: 3M

NORTH

MSA

Signature of respirator user: _____

Signature of Supervisor: _____

Date: _____

NOTE: Client MUST be CLEAN SHAVEN in order to be tested.