

**SUNY Geneseo
Respirator Protection Program
Appendix A
Record of Respirator Fit-testing**

Name _____ SS# _____

I perform the following types of work which require the use of a respirator (circle one or more)

asbestos abatement painting pesticide mixing
other (please specify) _____

I have the following which may interfere with the self-seal:

facial hair glasses which are required for vision
other (please specify) _____

I use the following types of respirators:

<u>TYPE</u>	<u>MANUFACTURER</u>	<u>MODEL #</u>	<u>CARTRIDGE</u>
disposable masks	_____	_____	NA
half-face	_____	_____	_____
full-face	_____	_____	_____
PAPR full face	_____	_____	_____
supplied air (breezer)	_____	_____	NA
other (please specify)	_____		

Fit test procedure performed Initials Date

(A fit test procedure must be performed on each type of respirator used).

Qualitative Fit Test

Banana Oil _____ ___/___/___
Irritant Smoke _____ ___/___/___

For _____ (type) respirator
_____ (Make and Model)

Fit test procedure performed Initials Date

(A fit test procedure must be performed on each type of respirator used).

Qualitative Fit Test

Banana Oil _____ ___/___/___
Irritant Smoke _____ ___/___/___

For _____ (type) respirator
_____ (Make and Model)