

N95 FIT TESTING COMPETENCY

Employee Name:

Designation:

Facility:

Date of Test:

Type of Fit Test: Qualitative Fit Test (QLFT) (OSHA 1910.134(US)Fit Test Protocols)

Type of Solution: Saccharin Solution Bitrex Solution

Make/Model/Style/Size of Mask:

Initial Number of Sprays of Solution:

Fit Check	Demonstrates competency		If no, repeat in-service	Satisfactory Re-demonstration	
	Yes	No		Yes	No
Donning Mask or Respirator: - Did Staff secure ties or elastic bands at middle of head and neck? - Fit flexible band to nose bridge. - Fit snug to face and below chin - Demonstrates proper fit on inhalation (collapse)and exhalation (expand)			If N95 fit test fails – repeat process and check again. If fit test fails for a second time check size and type of N95.		
Fit Testing Activities	Able to Taste Spray				
	Yes		No		
Staff able to taste spray without mask/respirator					
Staff fit mask/respirator					
Normal breathing (1 min)					
Deep breathing (1 min)					

Moving head side to side (1 min)		
Moving head up and down (1 min)		
Talking – count to 100 (1 min)		
Grimace Test (15sec)		
Bending over (1 min)		
Normal breathing (1 min)		
Take mask off – able to taste spray without mask/respirator		

Please Tick : Pass Fail

Recommendation of Mask Type, Manufacturer and Size:

Additional Information:

Follow up training required: Yes No

Staff Signature:

Date:

Assessor's Signature:

Date: