



Quantitative Fit Test Form/ Respirator User Screen Form

Please be CLEAN SHAVEN prior to arriving for fit test.

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, Clause 12

Employee Name: _____ Employee Telephone: _____ NORCAT #: _____ Date: _____
Employee Email: _____ Emergency Contact Name: _____ Emergency Contact Telephone: _____

TECHNICIAN'S NOTES:

- a) Do you have difficulty breathing while wearing a respirator? YES NO
- b) Do you have any medical conditions that may interfere with wearing a respirator? YES NO

TEST PROCEDURE AND QUALIFICATIONS:

The above named respirator user was fit tested at NORCAT on the above date, and at that time, we conducted a test to determine whether the respirator identified below, provided an acceptable fit as determined by a quantitative fit testing procedure employing the use of an OHD Quantifit Fit Test System.

Respirator supplied by: Customer NORCAT

Make: _____ **Model:** _____ **Size:** _____ **Fit:** Half mask Full face

The fit test was conducted by NORCAT solely for the purpose of determining whether or not the specific respirator described above fits the face of the above named respirator user. Under no circumstances was any attempt made to describe to or instruct the user in the proper use and/or care and/or misuse of such equipment, nor the various hazards which might be associated with the use and/or care of such respirator or any other respirator.

Dated: _____ Signature of Fit Test Technician: _____

VALIDITY:

- At least every two years according to the CSA (Z94.9.1.6)
- Whenever changes to the user's physical condition could affect the respirator fit such as due to weight gain or loss, surgery, or major dental work.
- If they are using a new respirator make or model.

RESPIRATOR USER ACKNOWLEDGMENT:

I certify that I have ___ have not ___ received formal training in the proper use, care and limitations of a respiratory protective device and that the NORCAT fit testing technician has informed me that it is essential to obtain such training if I will be using a respiratory protective device.

I have been given my completed copy of this form along with a fit test certificate card by NORCAT.

Dated: _____ Signature of Respirator User: _____