

LOCATION _____

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PROFESSIONAL FIT TESTING SERVICES

Qualitative Bitrex Mask Fit Test Form

NAME Keely McConkey

EMPLOYEE ID # _____

DATE 3/3/13

BIRTHDATE _____

Professional Fit Testing Services (PFTS) requests this information for the purpose of assuring proper mask fit testing. This is confidential medical information and PFTS does not share this information without your written consent.

Health Screen Reviewed Cheryl King (MD, RN, LPN)

Approved for fit testing _____ Not approved for fit testing _____

Referred employee to PLHCP with health screen for follow-up evaluation. N/A

Airmate 12 / PAPR N/A

Subject has not had any food, drink, and or gum 15 minutes prior to testing.

SENSITIVITY TEST: Bitrex 10 # of squeezes (10, 20, 30)

Respirator Brand/Model: MICROFIBER BLUE GRAY STRIPE N95

Fit Test - Duration of exercise: 60 seconds per except grimace is 15 seconds. To Maintain concentration of Bitrex, may repeat test squeeze with 1/2 test # every 30 seconds.

Test	Pass	Fail
Normal Breathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deep Breathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Head Side to Side	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Move Head Up and Down	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Talk (read rainbow passage)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jogging	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Grimace (15') <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>
Normal Breathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OVERALL MASK FIT RESULTS: PASS / FAIL

Certified Mask Fit Tester:

Cheryl King RN
Signature

I have been instructed in the proper use of the 8511 (N-95) Respirator and/or the respirator. I will follow all procedures, policies, and warnings of this respirator.

Signature of Employee: Keely McConkey

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LOCATION _____

PROFESSIONAL FIT TESTING SERVICES

Qualitative Bitrex Mask Fit Test Form

NAME Keely McConkey

EMPLOYEE ID # _____

DATE 3/3/2013

BIRTHDATE _____

Professional Fit Testing Services (PFTS) requests this information for the purpose of assuring proper mask fit testing. This is confidential medical information and PFTS does not share this information without your written consent.

Health Screen Reviewed Clear My (MD RN LPN)

Approved for fit testing Not approved for fit testing _____

Referred employee to PLHCP with health screen for follow-up evaluation. N/A

Airmate 12 / PAPR N/A

Subject has not had any food, drink, and or gum 15 minutes prior to testing.

SENSITIVITY TEST: Bitrex 10 # of squeezes (10, 20, 30)

Respirator Brand/Model: Microfiber 8 BIT N95

Fit Test - Duration of exercise: 60 seconds per except grimace is 15 seconds. To Maintain concentration of Bitrex, may repeat test squeeze with 1/2 test # every 30 seconds.

Test	Pass	Fail
Normal Breathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deep Breathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Head Side to Side	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Move Head Up and Down	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Talk (read rainbow passage)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jogging	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Grimace (15') <u>N/A</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Normal Breathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OVERALL MASK FIT RESULTS: PASS / FAIL

Certified Mask Fit Tester: Clear My Signature

I have been instructed in the proper use of the 8511 (N-95) Respirator and/or the respirator. I will follow all procedures, policies, and warnings of this respirator.

Signature of Employee: Keely McConkey

LOCATION _____

#10

PROFESSIONAL FIT TESTING SERVICES

Qualitative Bitrex Mask Fit Test Form

NAME Keely McCauley

EMPLOYEE ID # _____

DATE 3/5/13

BIRTHDATE _____

Professional Fit Testing Services (PFTS) requests this information for the purpose of assuring proper mask fit testing. This is confidential medical information and PFTS does not share this information without your written consent.

Health Screen Reviewed ✓ Check my (MD, RN LPN)

Approved for fit testing ✓ Not approved for fit testing _____

Referred employee to PLHCP with health screen for follow-up evaluation N/A

Airmate 12 / PAPR N/A

Subject has not had any food, drink, and or gum 15 minutes prior to testing. ✓

SENSITIVITY TEST: Bitrex 10 # of squeezes (10, 20, 30)

Respirator Brand/Model: MICROFIBER BLUE FLOWERS N95

Fit Test - Duration of exercise: 60 seconds per except grimace is 15 seconds. To Maintain concentration of Bitrex, may repeat test squeeze with 1/2 test # every 30 seconds.

Test	Pass	Fail
Normal Breathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deep Breathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Head Side to Side	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Move Head Up and Down	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Talk (read rainbow passage)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jogging	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Grimace (15')	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Normal Breathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OVERALL MASK FIT RESULTS: PASS / FAIL

Certified Mask Fit Tester:

Check my
Signature

I have been instructed in the proper use of the 8511 (N-95) Respirator and/or the respirator. I will follow all procedures, policies, and warnings of this respirator.

Signature of Employee: Keely McCauley

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LOCATION _____

PROFESSIONAL FIT TESTING SERVICES

Qualitative Bitrex Mask Fit Test Form

NAME Keely McCooly

EMPLOYEE ID # _____

DATE 3/5/13

BIRTHDATE _____

Professional Fit Testing Services (PFTS) requests this information for the purpose of assuring proper mask fit testing. This is confidential medical information and PFTS does not share this information without your written consent.

Health Screen Reviewed Chick Myer (MD, RN, LPN)

Approved for fit testing Not approved for fit testing _____

Referred employee to PLHCP with health screen for follow-up evaluation. N/A

Airmate 12 / PAPP N/A

Subject has not had any food, drink, and or gum 15 minutes prior to testing.

SENSITIVITY TEST: Bitrex 10 # of squeezes (10, 20, 30)

Respirator Brand/Model: MICROFIBER PINK ROSES N95

Fit Test - Duration of exercise: 60 seconds per except grimace is 15 seconds. To Maintain concentration of Bitrex, may repeat test squeeze with 1/2 test # every 30 seconds.

Test	Pass	Fail
Normal Breathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deep Breathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Head Side to Side	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Move Head Up and Down	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Talk (read rainbow passage)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jogging	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Grimace (15') <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>
Normal Breathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OVERALL MASK FIT RESULTS: PASS / FAIL

Certified Mask Fit Tester: Chick Myer
Signature

I have been instructed in the proper use of the 8511 (N-95) Respirator and/or the respirator. I will follow all procedures, policies, and warnings of this respirator.

Signature of Employee: Keely McCooly