OFFIC	E US	E C	NL'	Y (C	omp	leted	by	PFTS)
LOCA	J. Car	87.4						15.5

PROFESSIONAL FI	T TESTING SERVICES
NAME Keely McCould	Mask Fit Test Form EMPLOYEE ID#
DATE 3313	BIRTHDATE
Professional Fit Testing Services (PFTS) requests mask fit testing. This is confidential medical informwithout your written consent	
Health Screen Reviewed (Leel N	(MD, RN, LPN)
Approved for fit testing	Not approved for fit testing(MD, RN, PN)
Referred employee to PLHCP with health screen for	
Airmate 12 / PAPR \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Subject has not had any food, drink, and or gum 15	minutes prior to testing.
SENSITIVITY TEST: Bitrex _/O # of sque	
Respirator Brand/Model: MICROFISCE	80.05
	pt grimace is 15 seconds. To Maintain concentration by 30 seconds.
Normal Breathing Deep Breathing Turn Head Side to Side Move Head Up and Down Talk (read rainbow passage) Jogging Grimace (15') Normal Breathing	
OVERALL MASI	K FIT RESULTS: PASS / FAIL
Certified Mask Fit Tester:	nature)
I have been instructed in the proper use of the 85 respirator. I will follow all procedures, policies, a	i11 (N-95) Respirator and/or the
Signature of Employee: Kelia M.	enley



LOCATION	OFFI	<u>JE US</u>	<u>ie on</u>	LYIC	omplete	d by PFTS)
E Partie & State on Co.				100		
	100	-				

PROFESSIONAL FIT TESTING SERVICES Qualitative Bitrex Mask Fit Test Form

NAME Keely McConkey	EMPLOYEE ID #
DATE 33 2015	BIRTHDATE
Professional Fit Testing Services (PFTS) request mask fit testing. This is confidential medical inforwithout your written consent.	s this information for the purpose of assuring proper mation and PFTS does not share this information
Health Screen Reviewed	(MD. RD. LPN)
Approved for fit testing	Not approved for fit testing
Referred employee to PLHCP with health screen	for follow-up evaluation
Airmate 12 / PAPR N/P	
Subject has not had any food, drink, and or gum 1	5 minutes prior to testing.
SENSITIVITY TEST: Bitrex / / # of sq	ueezes (10, 20, 30)
Respirator Brand/Model: MCPoFiber	8 BIT NOS
Fit Test – Duration of exercise: 60 seconds per ex of Bitrex, may repeat test squeeze with ½ test # ex	Marketta 162 martin era 122 mars 18 martin eta
Test Pass Normal Breathing	Fail C
Deep Breathing	H
Turn Head Side to Side	
Move Head Up and Down	
Talk (read rainbow passage)	
Jogging V	
Grimace (15') N/A	
Normal Breathing	
OVERALL MA	SK FIT RESULTS: PASS / FAIL
Certified Mask Fit Tester:	gnature
I have been instructed in the proper use of the respirator. I will follow all procedures, policies	8511-(N-95) Respirator and/or the, and warnings of this respirator.
Signature of Employee: Kerly (onkey

OFFICE USE ONLY	Completed by PFTS)
LOCATION	



PROFESSIONAL FIT TESTING SERVICES Qualitative Bitrex Mask Fit Test Form

NAME Keely Mc Conly	EMPLOYEE ID #
DATE 3 5 13	BIRTHDATE
Professional Fit Testing Services (PFTS) remask fit testing. This is confidential medical without your written consent.	equests this information for the purpose of assuring proper all information and PFTS does not share this information
Health Screen Reviewed Volume	(MD, RDLPN)
Approved for fit testing	Not approved for fit testing
Referred employee to PLHCP with health so	
Airmate 12 / PAPR N/A	
Subject has not had any food, drink, and or	gum 15 minutes prior to testing
SENSITIVITY TEST: Bitrex /6 #	of squeezes (10, 20, 30)
Respirator Brand/Model: MCRUF	
Test Pass	Fail
Normal Breathing	
Deep Breathing	
Turn Head Side to Side	
Move Head Up and Down	
Talk (read rainbow passage)	
Jogging	
Grimace (15') 1/2 -	
Normal Breathing	
OVERAL	L MASK FIT RESULTS: PASS / FAIL
Certified Mask Fit V	hy m
	Signature
have been instructed in the proper use or respirator. I will follow all procedures, po	of the 8511 (N-95) Respirator and/or the
Signature of Employee: Le Qui	Nilonkey
) ()	0

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LOCATION

PROFESSIONAL FIT TESTING SERVICES Qualitative Bitrex Mask Fit Test Form

NAME Key Mc Conhy
DATE DE STORY
Professional Fit Testing Services (PFTS) requests this information for the purpose of assuring proper without your written consept O
Health Screen Reviewed Luh W
Approved for fit testing (MD(RN)(PN)
Referred employee to PLHCP with health screen for follow-up evaluation.
TO TE TAPE NO 1/2
Subject has not had any food, drink, and or gum 15 minutes prior to testing.
JENGITIVITY IEST: Bitrex 10 # of squeezes (10 20 25
Respirator Brand/Model: MICROFIBUR PINK ROSES NOS
Fit Test – Duration of exercise: 60 seconds per except grimace is 15 seconds. To Maintain concentration Test Test
Page 1
Normal Breathing
Deep Breathing
Turn Head Side to Side
Move Head Up and Down
Talk (read rainbow passage)
Jogging
Grimace (15') NIP
Normal Breathing
OVERALL MASK FIT RESULTS: PASS / FAIL
Certified Mask Fit Tester:
Signatur
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: Signature of Employee: