DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON BAVARIA
UNIT 28130
APO AE 09114-8130

AMIM-BAG-SO 26 OCT 2021

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: United States Army Garrison Bavaria Respiratory Protection Standard Operating Procedure

1. References

a. OSHA 29 CFR 1910.134 Respiratory Protection Standards

b. AR 11-34, The Army Respiratory Protection Program

c. AR 385-10, The Army Safety Program

d. American National Standards Institute: American National Standard Practices for Respiratory Protection, ANSI Z88.2

e. American National Standards Institute: American National Standard For Respiratory Protection - Respirator Use - Physical Qualifications for Personnel, ANSI Z88.6

f. Compressed Gas Association: Commodity Specification for Air, CGA G-7.1

g. Deutsche Gesetzliche Unfallversicherung – Information DGUV-I 250-428

2. Purpose. It is the responsibility of the Garrison Safety Office and garrison supervisors to carry out the guidelines of the Commander's Respirator Protection Program to protect employees from a potentially harmful workplace. This is accomplished by utilizing facilities and equipment that have all feasible safeguards incorporated into their design. When effective engineering controls are not feasible, or during interim periods before controls are in place, personal protective equipment (PPE) is used in accordance with Army and host nation standards to ensure personal protection.

3. Applicability. This SOP applies to all USAG Bavaria supervisors who oversee personnel using respiratory protection and to personnel who use respirators for occupational hazards IAW OSHA requirements and Army regulation.

4. Responsibilities.

a. The United States Army Garrison (USAG) Bavaria Commander will:

(1) Support the Senior Commander's Installation Respiratory Protection Programs per AR 11-34. In the absence of an established program, follow the guidance listed in para 1 for USAG-Bavaria personnel.

(2) Plan, budget, and provide for sufficient funds, facilities, and qualified personnel to efficiently and effectively perform all duties required for a garrison Respiratory Protection Program, or request funding from the responsible proponent.

b. Garrison Safety Office (GSO) will:

(1) Establish and maintain a respiratory protection program consistent with the goal of protecting Garrison personnel. GSO will implement a Respiratory Protection Program (RPP) which is designed and organized to ensure respirators are properly selected, used, and maintained by all personnel, and to meet federal regulatory standards (29 CFR 1910.134) and industry accepted standards (ANSI).

(2) Request the Industrial Hygiene Field Office evaluate those tasks for which respiratory protection (RP) is thought to be necessary, determine the degree of hazard posed by the potential exposure, determine whether engineering or administrative controls are feasible, and specify which respiratory protection device is to be used for each task.

(3) Request the Occupational Health Field Office conduct medical surveillance on all personnel using respirators whether based on exposures or voluntary use prior to fit testing.

(4) Train the unit/directorate appointed RP manager in the selection and use of respiratory protective devices, how to conduct qualitative and quantitative fit testing, and issue necessary protective devices.

c. Each Director will:

(1) Appoint a RP manager to maintain the directorate's program

(2) Ensure RP manager is properly trained in the use of their organizations respirators, how to conduct initial and annual fit test of that equipment and maintain documentation of personnel's annual requirements

(3) Maintain an up-to-date confined space location list, to include permit required confined spaces and provide a copy to GSO no less than annually or when changes are made.

d. Organization's RP manager will:

(1) Coordinate with the Garrison Safety Office to obtain required training.

(2) Maintain a list of respirators by type and ensure fit test adapters and replacement filters are on hand.

(3) Maintain a by name list of personnel with type of respiratory, fit test due date, and date last medical evaluation was conducted.

(4) Conduct fit test for their organization

(5) Conduct workplace surveillance

e. Supervisors will:

(1) Ensure each employee under his or her supervision using a respirator has received appropriate training in its use and an annual medical evaluation (prior to fit testing). Supervisors will ensure the availability of appropriate respirators and accessories, provide adequate storage facilities, and encourage proper respirator equipment maintenance.

(2) Be aware of tasks requiring the use of respiratory protection, and ensure all employees engaged in such work use the appropriate respirators at all times.

(3) Ensure employees are prohibited from working in areas where respirator use is required until the employee has completed all requirements for medical evaluation, training, fit testing and that the Respiratory Protection Manager has issued that proper written documentation.

f. Respirator wearers will:

Wear his/her respirator when and where required and in the manner in which they were trained. Respirator wearers must report any malfunctions of the respirator to his/her supervisor immediately. The respirator wearer must also guard against mechanical damage to the respirator, clean the respirator as instructed, replace filters per manufactures' guidelines and store the respirator in a clean, sanitary location.

5. Medical Evaluations:

a. Using a respirator may place a physiological burden on Army personnel that varies with the type of respirator worn, the conditions under which the respirator is used, and the medical condition of the employee. Army personnel who are required to wear respirators and those that voluntarily use respirators in the workplace must be physically able to safely perform their jobs while wearing protective equipment.

b. A medical evaluation will be performed to determine the employee's ability to use a respirator. The evaluation will be performed using the medical questionnaire provided by the occupational health nurse which is based on 29 CFR 1910.134, appendix C. The evaluation will be completed before employees are fit-tested.

c. The medical evaluation will be performed prior to fit-testing and a reevaluation will take place annually or when an employee reports medical signs and symptoms that are related to the ability to use a respirator. A physician or other licensed healthcare professional, supervisor, or IRPD informs the medical commander that the employee needs to be reevaluated. Information from the RPP, including observations made during fit testing and program evaluation, indicate a need for employee reevaluation. A change occurs in workplace conditions that may result in a substantial increase in the physiological burden placed on the employee.

d. For German employees using respirators, the requirement for medical examination G-26-1, G-26-2 and G-26-3 exists.

5. Use of Respiratory Protection:

a. Respiratory protection is authorized and issued for the following personnel:

Workers in areas known to have contaminant levels requiring the use of respiratory protection or in which contaminant levels requiring the use of respiratory protection may be created without warning (e.g., emergency purposes such as hazardous material spill responses).

b. Workers performing operations documented to be health hazardous and those unavoidably required to be in the immediate vicinity where similar levels of contaminants are generated.

c. Workers in suspect areas or performing operations suspected of being health hazardous but for which adequate sampling data has not been obtained.

d. Workers that desire to wear respirators when there is no documented hazard – voluntary use.

6. Respirator Selection

a. Selection of the proper respirator(s) for occupational hazards to be used in any work area or operation in USAG Bavaria is made only after a determination has been made as to the real and/or potential exposure of employees to harmful concentrations of contaminants in the workplace atmosphere. This evaluation will be performed prior to the start of any routine or non-routine tasks requiring respirators. Respiratory protective devices will be selected by the Office of Health and Safety, using ANSI Z88.2, NIOSH Certified Equipment List, and/or the NIOSH Respirator Selection Decision Logic as a guide. The following items will be considered in the selection of respirators:

(1) Effectiveness of the device against the substance of concern;

(2) Estimated maximum concentration of the substance in the work area;

(3) General environment (open shop or confined space, etc.);

(4) Known limitations of the respiratory protective device;

(5) Comfort, fit, and worker acceptance; and

(6) Other contaminants in the environment or potential for oxygen deficiency.

b. Supervisors shall contact the Occupational Health Nurse prior to non-routine work which may expose workers to hazardous substances or oxygen deficient atmospheres. Examples of work which may require the use of respirators includes, but are not limited to:

(1) Asbestos abatement activities

(2) Abrasive blasting

(3) Cutting or melting lead or stripping lead-based paints

(4) Welding or burning

(5) Painting, especially with CARC, epoxy or organic solvent coatings

(6) Using solvents, thinners, or degreasers

(7) Any work which generates large amounts of dust

(8) Working in a confined space

c. A review of the real and/or potential exposures is made at least annually to determine if respiratory protection continues to be required, and if so, do the previously chosen respirators still provide adequate protection.

7. Types of Respirators

a. Air-Purifying Respirator remove air contaminants by filtering, adsorbing, or chemical reaction with the contaminants as they pass through the respirator canister or cartridge. This respirator is to be used only where adequate oxygen (19.5 to 23.5 percent by volume) is available. Air-purifying respirators are used with the following:

(1) Particulate removing filters, which filter out dusts, fibers, fumes and mists (such as N95). These respirators may be disposable respirators or respirators with replaceable filters. NOTE: Surgical masks do not provide protection against air contaminants. They are never to be used in place of an air-purifying respirator. They are for medical use only.

(2) Gas- and vapor-removing cartridges, which remove specific individual contaminants or a combination of contaminants by absorption, adsorption or by chemical reaction.

(3) Combination particulate/gas- and vapor-removing respirators, which combine the respirator characteristics of both kinds of air-purifying respirators.

(4) Powered Air Purifying Respirators (PAPR) are APRs that have a powered fan and are battery powered. They create positive pressure and are used with filters and/or cartridges and can provide a higher level of protection than negative pressure, non-powered APRs. They can be used with a tight-fitting face piece or, for personnel that cannot wear a tight-fitting face piece, can be used with a hood.

(5) Particulate respirators such as FFP-1, FFP-2, FFP-3 particle filtering half masks may be worn on a voluntary bases or when the levels are under a dangerous threshold limit.

b. Supplied-Air Respirators provide breathing air independent of the environment. Such respirators are to be used when the contaminant has insufficient odor, taste or irritating warning properties, or when the contaminant is of such high concentration or toxicity that an air-purifying respirator is inadequate. Supplied- air respirators, also called air-line respirators, are classified as follows:

(1) Demand respirator supplies air to the user on demand (inhalation) which creates a negative pressure within the respirator. Leakage into the respirator may occur if there is a poor seal between the respirator and the user's face.

(2) Pressure-demand respirator maintains a continuous positive pressure within the respirator, thus preventing leakage into the respirator.

(3) Continuous Flow respirator maintains a continuous flow of air through the respirator and prevents leakage into the respirator.

(4) Self-contained Breathing Apparatus (SCBA) allows the user complete independence from a fixed source of air and offers the greatest degree of protection but is also the most complex. Training and practice in its use and maintenance is essential.

8. Identification of Respirator Cartridges

a. Respirator cartridges are designed to protect against individual or a combination of potentially hazardous atmospheric contaminants, and are specifically labeled and color coded to indicate the type and nature of protection they provide.

b. The NIOSH approval label on the respirator will also specify the maximum concentration of contaminant(s) for which the cartridge or canister is approved. For example, a label may read:

"DO NOT WEAR IN ATMOSPHERES IMMEDIATELY DANGEROUS TO LIFE. MUST BE USED IN AREAS CONTAINING AT LEAST 19.5 PERCENT OXYGEN. DO NOT WEAR IN ATMOSPHERES CONTAINING MORE THAN ONE-TENTH PERCENT ORGANIC VAPORS BY VOLUME. REFER TO COMPLETE LABEL ON RESPIRATOR OR CARTRIDGE CONTAINER FOR ASSEMBLY, MAINTENANCE, AND USE."

9. Warning Signs of Respiratory Failure

a. Particulate Air-Purifying: When breathing difficulty is encountered with a filter respirator (due to partial clogging with increased resistance), the filter(s) must be replaced. Disposable filter respirators must be discarded.

b. Gas or Vapor Air-Purifying: When using a gas or vapor respirator (chemical cartridge or canister), any of the warning properties (e.g., odor, taste, eye irritation, or respiratory irritation) occur, promptly leave the area and check the following:

(1) Proper face seal

(2) Damaged or missing respirator parts

(3) Saturated or inappropriate cartridge or canister

c. If no discrepancies are observed, replace the cartridge or canister. If any of the warning properties appear again, the concentration of the contaminants may have exceeded the cartridge or canister design specification. When this occurs an airline respirator or SCBA is required.

d. Service Life of Air-Purifying Respirator Canisters and Cartridges: Air-Purifying Respirators canisters and cartridges shall be changed in accordance with manufactures' calculations or OSHA rule of thumb.

e. Supplied Air Respirator: When using an airline respirator, leave the area immediately when the compressor failure alarm is activated or if an air pressure drop is sensed. When using an SCBA leave the area as soon as the air pressure alarm is activated.

10. Respirator Training

a. Respirator users and their supervisors will be required to receive training on the contents of the RPP and their responsibilities under it. They will be trained on the proper selection and use, as well as the limitations of the respirator. Training also covers how to ensure a proper fit before use and how to determine when a respirator is no longer providing the protection intended.

b. Personnel appointed as RPP representatives for their organization) will provide training of respirator wearers in the use, maintenance, capabilities, and limitations of respirators initially upon assignment of personnel to tasks requiring the use of respirators. Retraining is given annually thereafter and only upon successful completion of the medical evaluation.

c. The training program will include the following:

(1) Why the respirator is necessary, including when it must be worn, and how proper fit, usage, and maintenance are crucial to its effectiveness

(2) Respirator selection, based on the hazard and respirator capabilities and limitations

(3) Donning procedures and fit tests including hands-on practice

(4) Care of the respirator, e.g., need for cleaning, maintenance, storage, and/or replacement

(5) How to recognize medical signs and symptoms that may limit or prevent the safe, effective use of respirators

(6) The general requirements for respiratory protection standard per OSHA standards, Army regulations and EU standards.

d. Respirator training will be properly documented (Appendix A) and will include the type and model of respirator for which the individual has been trained and fit-tested.

11. Respirator Fit Testing

a. Respirator fit testing will only be conducted only upon successful completion of the medical evaluation.

b. A fit test shall be used to determine the ability of each individual respirator wearer to obtain a satisfactory fit with any air-purifying respirator. Both quantitative and qualitative fit tests can be performed. Personnel must successfully pass the fit test before being issued to a respirator.

c. No employee is permitted to wear a negative-pressure respirator in a work situation until he or she has demonstrated that an acceptable fit can be obtained. Respirator fitting is conducted initially upon assignment to a task requiring use of a respirator or upon the need of a different brand or type of respirator. Refitting is conducted annually thereafter upon successful completion of the respirator training.

d. Fit testing will be conducted by the RP manager and the test results will be the determining factor in selecting the type, model, and size of negative-pressure respirator for use by each individual respirator wearer.

e. Recordkeeping. Respirator fit-testing shall be documented and shall include the type of respirator, brand name and model, method of test and test results, test date and the name of the instructor/tester (See Appendix B).

12. Qualitative Fit Testing

Federal regulations (29 CFR 1910.1001) require qualitative fit tests of respirators and describe step-by-step procedures. This test checks the subject's response to a chemical introduced outside the respirator. This response is either voluntary or involuntary depending on the chemical used. Several methods may be used. The two most common are the irritant smoke test, and the odorous vapor test.

(a) Irritant Smoke

The irritant smoke test is an involuntary response test. Air purifying respirators must be equipped with a high efficiency particulate air (HEPA) filter for this test. An irritant smoke, usually either stannic chloride or titanium tetrachloride, is directed from a smoke tube toward the respirator. If the test subject does not respond to the irritant smoke, a satisfactory fit is assumed to be achieved. Any response to the smoke indicates an unsatisfactory fit. The irritant smoke is an irritant to the eyes, skin, and mucous membranes. It should not be introduced directly onto the skin. The test subject must keep his or her eyes closed during the testing if a full face piece mask is not used.

(b) Odorous Vapor

The odorous vapor test is a voluntary response test. It relies on the subject's ability to detect an odorous chemical while wearing the respirator. Air purifying respirators must be equipped with an organic cartridge or canister for this test. Isoamyl acetate (banana oil) is the usual test. An Isoamyl acetate-saturated gauze pad is placed near the respirator-to-face seal of the respirator of the test subject's skin. If the test subject is unable to smell the chemical, than a satisfactory fit is assumed to be achieved. If the subject smells the chemical, the fit is unsatisfactory. If the subject cannot smell the chemical, the respirator will be momentarily pulled away from the subject's face. If the subject is then able to smell the chemical, a satisfactory fit is assumed. If the subject cannot smell the chemical with the respirator pulled away from the face, this test is inappropriate for this subject, and a different test will be used. This test is limited by the wide variation of odor thresholds among individuals and the possibility of olfactory fatigue. Since it is a voluntary response test, it depends upon an honest response.

13. Quantitative Fit Testing

Quantitative fit testing, using the Portacount Plus fit test system, is generally performed on both full-face and half-face negative pressure respirators. N95 and P100 respirators can also be fit-tested using the Portatcount. Fit factors are determined by comparing the particle concentration outside the respirator with the concentration inside the face piece. An acceptable fit is achieved when the respirator wearer successfully completes a series of six programmed exercises

(normal breathing, deep breathing, moving head up and down, moving head side to side, reading, and normal breathing) with a fit factor of 100 or more.

(a) Special Problems

(1) Dentures and partial

(2) Facial Hair. No attempt will be made to fit a respirator on an employee who has facial hair which comes between the sealing periphery of the respirator and the face, or if facial hair interferes with normal functioning of the exhalation valve of the respirator.

(3) Glasses and Eye/Face Protective Devices. Proper fitting of a respiratory protective device respirator for individuals wearing corrective eye glasses or goggles, may not be established if temple bars or straps extend through the sealing edge of the respirator. If eyeglasses, goggles, face shield or welding helmet must be worn with a respirator, they must be worn so as not to adversely affect the seal of the respirator. If a full-respirator respirator is used, special prescription glasses inserts are available if needed.

14. User Seal Check

a. Each time a respirator is donned, the user will perform positive and negative pressure fit checks. These checks are not a substitute for fit testing. Respirator users must be properly trained in the performance of these checks and understand their limitations.

(1) Negative Pressure Check

Applicability/Limitations: This test cannot be carried out on all respirators; however, it can be used on face pieces of air purifying respirators equipped with tight-fitting respirator inlet covers and on atmosphere supplying respirators equipped with breathing tubes which can be squeezed or blocked at the inlet to prevent the passage of air.

Procedure:

Close off the inlet opening of the respirator's canister(s), cartridge(s), or filter(s) with the palm of the hand, or squeeze the breathing air tube or block its inlet so that it will not allow the passage of air. Inhale gently and hold for at least 10 seconds. If the respirators collapses slightly and no inward leakage of air into the respirators is detected, it can be reasonably assumed that the respirator has been properly positioned and the exhalation valve and respirator are not leaking.

(2) Positive Pressure Check

Applicability/Limitations: This test cannot be carried out on all respirators; however, respirators equipped with exhalation valves can be tested.

Procedure:

Close off the exhalation valve or the breathing tube with the palm of the hand. Exhale gently. If the respirator has been properly positioned, a slight positive pressure will build up inside the respirator without detection of any outward air leak between the sealing surface of the respirator and the face.

15. Maintenance of Respirators

The maintenance of respiratory protective devices involves a thorough visual inspection for cleanliness and defects (i.e., cracking rubber, deterioration of straps, defective exhalation and inhalation valves, broken or cracked lenses, etc.). Worn or deteriorated parts will be replaced prior to reissue. No respirator with a known defect is reissued for use. No attempt is made to replace components, make adjustments or make repairs on any respirator beyond those recommended by the manufacturer. Under no circumstances will parts be substituted as such substitutions will invalidate the approval of the respirator. Any repair to reducing or admission valves, regulators, or alarms will be conducted by either the manufacturer or a qualified trained technician.

16. Cleaning of Respirators

a. All respirators in routine use shall be cleaned and sanitized on a periodic basis. Respirators used non-routinely shall be cleaned and sanitized after each use and filters and cartridges replaced. Routinely used respirators are maintained individually by the respirator wearer. Replacement cartridges and filters are obtained by contacting the respirator specialist.

b. Cleaning and disinfection of respirators must be done frequently to ensure that skin-penetrating and dermatitis-causing contaminants are removed from the respirator surface. Respirators maintained for emergency use or those used by more than one person must be cleaned after each use by the user.

c. The following procedure is recommended for cleaning and disinfecting respirators:

(1) Remove and discard all used filters, cartridges, or canisters.

(2) Mix a solution of soap, water and bleach. Bleach should be not less than 1 to 50 parts of water in order to properly disinfect.

(3) Wash facepiece and breathing tube in a cleaner-disinfectant solution. A hand brush may be used to remove dirt. Solvents which can affect rubber and other parts shall not be used.

(4) Rinse completely in clean, warm water.

(5) Air dry in a clean area in such a way as to prevent distortion.

(6) Clean other respirator parts as recommended by the manufacturer.

(7) Inspect valves, head straps, and other parts to ensure proper working condition.

(8) Reassemble respirator and replace any defective parts.

(9) Place in a clean, dry plastic bag or other suitable container for storage after each cleaning and disinfection

17. Issuance of Respirators

a. Respiratory protective equipment shall not be ordered, purchased, or issued to personnel unless the respirator wearer has received respirator training and a fit test. New employees, who require respiratory protective equipment, must be placed into the respirator program before being issued equipment.

b. USAG Bavaria has several types of devices. These respirators have a variety of canisters that may be worn with them; hence, the canisters and facepieces are packaged separately. At the time of issue the appropriate canister is determined, based on the user's needs, and is issued with the appropriate respirator. In addition, single use, disposable filtering facepiece respirators are available for use.

18. Storage

After inspection, cleaning, and any necessary minor repairs, store respirators to protect against sunlight, heat, extreme cold, excessive moisture, damaging chemicals or other contaminants. Respirators placed at stations and work areas for emergency use shall be stored in compartments built for that purpose, shall be quickly accessible at all times and will be clearly marked. Routinely used respirators, such as half-mask or full-face air-purifying respirators, shall be placed in sealable plastic bags. Respirators may be stored in such places as lockers or toolboxes only if they are first placed in carrying cases or cartons. Respirators shall be packed or stored so that the facepiece and exhalation valves will rest in a normal position and not be crushed. Emergency use respirators shall be stored in a sturdy compartment that is quickly accessible and clearly marked.

19. Program Surveillance

The ANSI Z88.2-1980 document entitled "Practices for Respiratory Protection" specifies: "Section 3.5.15 Respirator Program Evaluation. An appraisal of the effectiveness of the respirator program shall be carried out at least annually. Action shall be taken to correct defects found in the program." The evaluation of the Respirator Program will include investigating wearer acceptance of respirators, inspecting respirator program operation, and appraising protection provided by the respirator. Evidence of excessive exposure of respirator wearers to respiratory hazards will be followed up by investigation to determine why inadequate respiratory protection was provided. The findings of the respirator program evaluation will be documented, and this documentation will list plans to correct faults in the program and set target dates for the implementation of the plans. These evaluations will be conducted at least annually by Garrison Safety Office.

20. For questions about this SOP contact the USAG Bavaria Safety Office, Rose/Tower Barracks, DSN 526-2303,2305,2306 /09641705262303, Hohenfels, 522-2865, and Garmisch, 440-3595, or usarmy.bavaria.id-europe.list.safety@mail.mil.

CHRISTOPHER R. DANBECK
COL, AR
Commanding

APPENDIX A

RESPIRATOR TRAINING CERTIFICATION

I hereby certify that I have been trained in the proper use and limitations of the respirator issued to me. The training included the following:
STORAGE:
Respiratory equipment shall be stored to protect them against dust, sunlight, heat, or extreme cold, moisture, or damaging chemicals. Do not store them in toolboxes or lockers unless they are protected from contamination, distortion or damage. Store them in plastic bags.

BEFORE USAGE
1. Check for tightness of connections
2. Check tubes, filters, cartridges, etc.
3. Perform a positive / negative pressure test before each use.

AFTER USE
1. Wipe respirator with clear water. If respirator is to be used by another, it must be disinfected.
2. Never use solvents or non-approved cleaners on the respirator.
3. Do not perform any repair work on the equipment.
4. Do not interchange parts of the respirator with other manufacturer's parts.
Improper fit or failure to be clean shaven will interfere with the respirator effectiveness.

I have read the above and understand.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

APPENDIX B - FIT TEST WORKSHEETS

1. Name:		2. Organization/Unit:		
3. Building/Installation:		4. SSN or DOD ID#:	5. Age	6. Grade:
7. Job Title:	8. Supervisor:	9. Respirator Used For:		
10. Facial Hair: Clean Shaved: Side Burns: Beard: Mustache:		11. Glasses: Prescription: Safety:	12. Dentures: Partial:	
13. MEDICAL APPROVAL/verification Signature: _____ Date: _____				
14. Date Trained:		15. Date Fitted:		
RESPIRATOR SELECTION				
16. Preference	1st	2nd	3rd	4th
a. Type of respirator:				
b. Manufacture:				
c. Size:				
d. Face type:				
f. Manufacture Code:				
g. NIOSH Approval:				

The above personnel have been tested in a contaminated atmosphere. He/she should wear only the respirator stated above to prevent serious damage to life and health. A copy of this record should be used for requisitioning indicated respirator.

Name of tester: _____

RESPIRATOR FITTING AND TRAINING RECORD

QUANTITATIVE RESPIRATOR FIT TEST REPORT

LAST NAME _____

FIRST NAME _____

ID NUMBER _____

NEXT TEST DUE _____

OPERATOR NAME _____

RESPIRATOR MODEL _____
- SIZE _____
- MANUFACTURER _____
- APPROVAL NUMBER _____

NOTES _____
TEST DATE _____
TEST TIME _____
TEST DATA
Fit Factor Pass Level: 100
Ex. Ambient
(Part/cc) Mask
(Part/cc) Fit Factor Pass/Fail NB
DB
SS
UD
R
NB
OVERALL FIT FACTOR = _____
Operator _____
Date _____
Subject _____
Date _____