



RESPIRATOR FIT TESTING AND TRAINING ACKNOWLEDGMENT

Name: _____ Position: _____ Facility: _____

LHCP clearance date: _____ LHCP expiration date: _____

Explain any limitations: _____

Date of fit test: _____

Conducted by: _____ Position: _____

Respirator type/manufacturer: _____ Model: _____ Size: _____

Type of fit test performed: Qualitative Quantitative (Fit factor score): _____

Fit test agent: Saccharin Bitrex Smoke irritant (not used for N-95)

Results of fit test: Pass Fail - reason for failed test: _____

As the user, I acknowledge that I have reviewed, understand, and agree to follow the procedures and expectations for respirator use per DOC 890.090 Respirator Program and Washington Administrative Code (WAC) 296-842, and the following:

- I confirm I have reviewed the Employee Respiratory Protection training.
- I will only wear a respirator (i.e., type, make, model, or size) that I have been appropriately trained and tested per policy.
- I understand that respirators protect me from exposure to communicable diseases, hazardous chemicals, and riot control agents, such as Oleoresin Capsicum (OC), CS gas (i.e., tear gas).
- I understand that improper fit, use, or maintenance can compromise the respirator's effectiveness and reliability.
- I understand how to inspect, clean, disinfect, don/doff (put on/remove), check the fit, and store the respirator per manufacturer requirements.
- I understand that cleaning and inspections must be documented on DOC 03-246 Respirator Cleaning and Inspection Log.
- I must be clean-shaven in the sealing area of the respirator facepiece and will not have facial hair or stubble that could interfere with respirator fit, form, or function.
- I understand that operational capabilities and limitations of the respirator, including that air purifying respirators must not be used in oxygen-deficient atmospheres.
- I understand what to do if the respirator fails or needs repair, and where replacement respirators are stored.
- I understand medical symptoms may limit or prevent the effective use of respirators (e.g., shortness of breath, dizziness) and should report concerns to my local Safety Officer.
- I understand that while assigned to a position designated as a "Mandatory Use Respirator Position", I must remain clean shaven while on duty and be fit tested and trained annually.
- I will complete DOC 03-219 Respirator Medical Evaluation Questionnaire if I have any health status changes (e.g., weight gain/loss) or any other changes that may impact my ability to wear a respirator and maintain a proper fit. I can contact the Occupational Nurse Consultant to ask clarifying questions and determine if a new questionnaire needs to be completed.

Signature: _____ Date: _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Respirator Program Administrator