

University of the Incarnate Word
Environmental Health Safety and Risk Management
Quantitative Fit Test

OSHA 1910.134(a)(1) states,

In the control of those occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors, the primary objective shall be to prevent atmospheric contamination. This shall be accomplished as far as feasible by accepted engineering control measures (for example, enclosure or confinement of the operation, general and local ventilation, and substitution of less toxic materials). When effective engineering controls are not feasible, or while they are being instituted, appropriate respirators shall be used pursuant to this section.

I have been medically cleared and an OSHA Respirator Medical Evaluation Questionnaire has been completed by UIW Health Services to wear a respirator. YES___ NO___

I have not experienced any medical signs or symptoms since my last medical evaluation which would prevent me from wearing a respirator. YES___ NO___

I understand I must be fit tested annually as required by **OSHA 1910.134(f)(2)**. YES___ NO___

If you answered NO to any of the questions above, you cannot proceed to be fit tested.

Date: _____

Name: _____ **UIW I.D. Number:** _____

Department: _____

Job Title: _____

Respirator Type: Full ___ Half ___

Respirator Brand: _____ **Model:** _____ **Size:** _____

Signing this form indicates you have been fit tested for the respirator type, brand, model and size notated. I understand, if a different respirator is required I must notify EHSRM immediately to be fit tested for a new respirator.

Employee Signature: _____

EHSRM Signature: _____