

## UWO Respirator Record

Name (Print):	UWO ID#:	Date:								
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E-mail:	Phone Number:									

**Part A - Supervisor Authorisation** *(shaded areas to be completed prior to test being performed)*

Supervisor's Name:	Department:
Reason for Respirator (tasks, materials, attach MSDS – required for trade named products)	
Bill to Account: _ _ _ _ _	

**Part B - Issuing Respirator (Completed by OH&S)**

Person performing Fit Test:
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**Background:**

Medical Conditions (refer to Workplace Health)
Limitations:
Replacement:
Maintenance:
Cleaning:

**Fit Check:**

Positive Pressure Check <input type="checkbox"/>	Negative Pressure Check <input type="checkbox"/>	Sensitivity Test # Squeezes <input type="checkbox"/>
Bitrix <input type="checkbox"/>	Saccharin <input type="checkbox"/>	
Normal Breathing <input type="checkbox"/>	Deep Breathing <input type="checkbox"/>	Side to side <input type="checkbox"/>
Nodding Up and Down <input type="checkbox"/>	Talking <input type="checkbox"/>	Normal Breathing <input type="checkbox"/>

Parts Issued (Description & Part #)	Quantity
	_____
	_____
	_____

**Fit Recertification**

Recertification Date (Two Years from Date of Issue):
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**Users Statement**

I understand that my use of this respirator must be in accordance with UWO procedures and manufacturer's instructions and applicable OHSA Regulations and Standards. The respirator is issued to the individual employee and is not to be shared by others.
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Users Signature:	Date:
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