

RESPIRATORY FIT TEST/TRAINING RECORD <i>(ER 385-I-90)</i>		BEFORE COMPLETING THIS FORM, PLEASE READ THE PRIVACY ACT STATEMENT ON REVERSE SIDE			
EMPLOYEE'S NAME <i>(Type or Print)</i>		SOCIAL SECURITY NO.			
FIELD OPERATING ACTIVITY	PROJECT/AREA OFFICE	JOB TITLE			
PRESCRIPTION GLASSES REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>	SUPERVISORS NAME	TELEPHONE NO.			
RESPIRATOR(S) TESTED: <i>(List initial and annual fit tests)</i>					
1	MANUFACTURER/TYPE/MODEL/SIZE	METHOD ¹	RESULT ²	ISSUED ³	DATE TESTED
	DATE/RESULT MED. EVAL ⁴	TESTER'S NAME		EMPLOYEE SIGNATURE	
2	MANUFACTURER/TYPE/MODEL/SIZE	METHOD ¹	RESULT ²	ISSUED ³	DATE TESTED
	DATE/RESULT MED. EVAL ⁴	TESTER'S NAME		EMPLOYEE SIGNATURE	
3	MANUFACTURER/TYPE/MODEL/SIZE	METHOD ¹	RESULT ²	ISSUED ³	DATE TESTED
	DATE/RESULT MED. EVAL ⁴	TESTER'S NAME		EMPLOYEE SIGNATURE	
4	MANUFACTURER/TYPE/MODEL/SIZE	METHOD ¹	RESULT ²	ISSUED ³	DATE TESTED
	DATE/RESULT MED. EVAL ⁴	TESTER'S NAME		EMPLOYEE SIGNATURE	
5	MANUFACTURER/TYPE/MODEL/SIZE	METHOD ¹	RESULT ²	ISSUED ³	DATE TESTED
	DATE/RESULT MED. EVAL ⁴	TESTER'S NAME		EMPLOYEE SIGNATURE	
¹ METHOD(S): a-Banana Oil, b-Irritant Smoke, c-Quantitative <i>(Specify)</i> _____ ² RESULT: Pass, Fail _____ ³ ISSUED: Yes, No _____ ⁴ MEDICAL EVALUATION RESULT: Can, Cannot, Limited <i>(Specify)</i> _____					
OTHER PERSONAL PROTECTIVE EQUIPMENT <i>(Which must interface with the respirator):</i> <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Hard Hat <input type="checkbox"/> Welding Helmet <input type="checkbox"/> Earmuffs <input type="checkbox"/> Other <i>(Specify)</i> _____					
NOTE: No person having facial hair interferes with the sealing surface or value function of the respirator will be fit tested with or issued a negative pressure respirator. Presence of facial hair <i>(Specify)</i> : _____					
REMARKS					
TRAINING <i>(List initial and annual update training)</i>					
DATE	MONITOR	TYPE (1-6) ³	EMPLOYEE'S SIGNATURE		
³ VIDEO TAPES: 1-Intro. "End User", 2-Air Purifying, 3-Air Supplying, 4-Fit Testing OTHER: 5-Specify _____ 6- Specify _____					

The following Information is provided in accordance with the requirements of the Privacy Act of 1974 (See AR 340-21)

NOTICE TO EMPLOYEES REQUIRED
TO BE FIT TESTED WITH RESPIRATORS

Fit Test Authority: 5 CFR 339.301 29 CFR 1910.134 and ER 385-1-90.

Purpose: The Individual Respiratory Fit Test/Training Record serves as the document that provides respiratory protection fit test information accumulated during fit testing of Corps employees and other designated individuals. The document also serves as a historical record of an employee's participation in Corps respirator fit testing programs.

Routine Use: Information from an employee's respiratory protection record (1) to determine if an employee can obtain a viable fit test and is able to safely perform his/her assigned tasks while wearing respiratory protective devices, (2) to provide to physicians of employees included in programs of medical surveillance to evaluate criteria contained in 29 CFR 1910.134, and (2) accumulate, review and file the record at the employee's work location and the FOA Safety and Health office. A copy of the record shall be placed in the employee's official medical record file in the Personnel Office.

Disclosure: The refusal to provide this information may result in such measures as the employee not being able to continue performing his/her assigned job duties and responsibilities and may be subject to administrative penalties.