RemovAll Remediation

Respiratory Protection Qualitative Fit Test Form

Date of fit test: 19 FEB 2026

Employee name: Diego Del Castillo.

Job site (if applicable): annual renewal

Site Supervisor (if applicable): na

Fit tested by:: MIKE HAGEN

Declaration of Training:

WHMIS: (Y) / N First Aid Certificate: Y / N Hearing test: Y / (N) Asbestos Awareness: Level 3.

Respirator Program topics for review:

-Types of respirators
-Limitations of each respirator
-Types/ Limitations of filters
-Daily inspection requirements
-Donning and doffing and seal check
-When to update fit test.
-Location and Replacement of parts
-Maintenance and Storage

Respirator Inspection:

Check condition of:
-Filter gaskets
-Valves
-Covers
-Straps
-Lens

Check Filters:
-Correct filter selection
-Correctly mounted
-First use date:_____

Fit test Questionnaire:

- Do you, or have you had, respiratory problems in the past or present? Y (N)
- Have you worked with asbestos before? (Y) / N
- Is there any medical or physical condition preventing safe use of your respirator? Y (N)
- Do you use/have any of the following which may interfere with fit test seal? Eyeglasses, Dentures, Facial hair, Contact Lenses, fear of confined space, sensitivity to high temperatures? ***Must be worn during fit test to confirm they do not interfere.***
- Please list any conditions which may affect use of respirator: N/A

Fit Testing Procedures

1. Ensure the user clean shaven
2. Ask user to close eyes while conducting a sensitivity test prior to smoke test
3. Ask user to put respirator on and adjust straps to form a complete seal.
4. Ask user to preform a positive and negative seal check.
5. Conduct the following irritant smoke exercises for a minimum of 30 seconds each - 1. Head stationary - normal breathing
2. Head stationary - deep breathing 3. Head turning side to side 4. Head moving up and down 5. Talking 6. Bending over
7. Head Stationary - normal breathing (repeat first exercise)
6. Ask user to remove respirator and close his eyes. Conduct a sensitivity test once

Respirator(s) fit test using Stannic Chloride (Verifit):

Style: (Papr/Half/Full face)	**Make/Model:** (North/3M)	**Size:** (S/M/L)	**Pass/Fail:**
PAPR	3M 6900 PF	L	P
HALF MASK	Honeywell	L	P

I, the undersigned have been made aware that I will be working around projects that could involve possible exposure to health and safety concerns such as asbestos mould and other workplace hazards. I have been instructed on the limitations, proper maintenance and use of the respirator I have been assigned. All the necessary personal protective equipment has been supplied to me and I have been informed of all the safe work procedures. I accept the responsibility for the maintenance of my respirator and agree to the financial obligation in event that it is lost.

Employee's signature: D Del Castillo

Tester's signature: M Hagen