RemovAll Remediation Inc.

# Respiratory Protection Qualitative Fit Test Form

**Date of fit test:** 18 FEB 2026

**Employee name:** Liam Lougheed

**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 6800PF | M | P |
| HALF MASK | Honeywell | M | 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:** _____

**Tester's signature:** M Hagen