RemovAll Remediation Inc.

Respiratory Protection Qualitative Fit Test Form

Date of fit test: June 23, 2026

Employee name: Shawn Morrison

Job site (if applicable): re-hire, annual fit-test.

Site Supervisor (if applicable): na

Fit tested by:: Jahna Hyder

Declaration of Training:

WHMIS: (Y) / N First Aid Certificate: Y / (N) Hearing test: Y / (N) Asbestos Awareness: (Y) / N 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: new

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: * uses fullface instead of half mask for better seal.

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:**
6800PF	3M PAPR	M	Pass
6800	3M full face	M	Pass

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: [signature]

Tester's signature: [signature]