



RESPIRATOR CERTIFICATION

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|---------------|------------|----------------|
| Name: | SSN: | Date of Birth: |
| Department: | Job Title: | |
| Home Address: | | Work Phone: |

I. MEDICAL CLEARANCE

- Fit for respirator use with no restrictions
- Fit for respirator use with mild restrictions or accommodations (see comments)
- Additional testing needed before fitness can be determined
- Not fit for respirator use

Comments: _____

Signature of Practitioner Date:

II. TRAINING

This employee has been trained in the appropriate use, limitations and maintenance of respirator issued.

Type of respirator (manufacturer, model, and size)

Signature of Instructor Date

III. FIT TESTING

The employee was fit tested for the above respirator using the following method and passed the test.

- Bitrex - Sensitivity (circle one) 10 20 30
- Saccharin - Sensitivity (circle one) 10 20 30
- Smoke
- Other _____

CERTIFICATION

- Has successfully completed medical clearance, training and fit testing (Sections I-III) and is certified to wear the respirator issued.
- Could not be certified for respirator use (see comments).

Comments _____

Signature of Instructor Date

ACKNOWLEDGEMENT

I was issued the above respirator and agree to use it accordingly to all provisions of the Respiratory Protection Program of Stony Brook University and the manufacturer's guidelines.

Signature of Employee Date