## Working Environment, Medical Approval and Fit Testing Forms

(To be completed by a licensed health care professional and given to Program Administrator and employee)

Employee:				
Employer:		winan mant Farm		
	working En	vironment Form	l	
Categorization of Workload*	Light	Moderate	Heavy	
Will the user be working under he	ot conditions (tempera	ature exceeding 77°	F (circle one):	Yes No
Hazards to be protected against (e	e.g., infectious disease	es, dust, fumes, vap	ors):	
Type of respirator to be assigned:				
Special Considerations:				
	Modical	nnroval Form		
	wieuical A	pproval Form		
This person can wear aThis person can wear a			tions:	
This person cannot use	a respirator of the typ	e described above.		
		-		
PLHCP Signature			Date	
	Fit Te	sting Form		
espirator Selected: ype Manufacturer		]	Model	
NIOSH Approval Number		Size		
Qualitative Fit Testing Prote	ocol			
<u>Sensitivity:</u> (circle # of squeezes)			Results:	
Saccharin (# Squeezes 10, 20, 30)			Pass	
Bitrex (#Squeezes 10, 2	20, 30)		Pass	Fail
Fit Test Agent:	Filters/ Cartr		Results:	
Saccharin	Particulate H			_ Fail
Bitrex	Particulate H	EPA Filters	Pass	_ Fail
Quantitative Fit Testing Pro Pass (list Fit Factor)	tocol - CNC PortaC	count:		

Test Conducter's Signature