

McLaren Flint EHS
Flint, Michigan
Particulate Respirator Issuance and Training – Appendix B

Employee Name (Please Print): _____
Birth date: ____/____/____ Department Name: _____
Job Title: _____

If “yes” marked in questions 1 through 5 discontinue fit testing and refer employee to employee health for follow-up.

- Since you were last respirator fit tested:
- | | | |
|--|-----|----|
| Have you had an unexplained gain or loss of 10 or more pounds? | Yes | No |
| If you have a beard or mustache, is this new or have you changed the style? | Yes | No |
| Have you had dentition changes (i.e. lost teeth, new dentures, new bridgework, new braces, etc)? | Yes | No |
| Do you have any new health problems? | Yes | No |
| Do you have any other problems that interfere with the use of a respirator? | Yes | No |
| If you used the respirator since you were fit tested, did you experience any eye irritation? | Yes | No |
| Did you experience any allergy or skin rash? | Yes | No |
| Did you experience any unexpected anxiety? | Yes | No |
| Would you like to talk to a physician about your answers? | Yes | No |
| Do you feel the respirator fit testing program is effective? | Yes | No |
- If no please explain?

Respirator: 3M Health Care Particulate Respirator Type N95
NIOSH Approval Number: TC-84A-0006

- Medical Evaluation Pass Fail
Limitations: Beard Denture Glasses None
Fitting: Satisfactory Bitter
 Satisfactory Sweetener Test
 Satisfactory Positive Pressure Test
 Satisfactory Negative Pressure Test

- Respiratory Mask Size: Regular Small 1870 mask
Papir Mask Size: Regular Large

Employee Signature: _____ Date: ____/____/____

Evaluator Signature: _____ Date: ____/____/____