

Extended Workforce N95 Respirator Fit Test Record

Documentation to be completed and stored by home institution/agency. Documentation will be shared with MGB upon request.

Extended Workforce: Complete this section only. PRINT CLEARLY. Sign at bottom of page.		Agency Information:	
Date:		Institution:	
Name:		Contact:	
MGB Site and Department:		Address:	
TYPE OF TEST: □ Qualitat SENSITIVITY TEST RESULT:	ive <i>or</i> □ Quantitative*	 N95 users must be fitted prior to initial use Refitting is required: Annually, if you continue to use an N95 Upon any potential changes to facial structure (e.g. injury, dental work, facial surgery, weight gain/loss of ± 20 pounds) Anytime you change respirator brand or 	
Sweet Detecte Bitter Detecte	d 🗆 Not Detected		
FIT TEST RESULT: (Check all that apply)		size	
·	Regular Aura uidshield #46827 (Small) uidshield #46727 (Regular)	 N95 respirators are designed only to filter particulates; they are not chemical respirators You are being assigned an N95 to be used to help minimize risk from exposure to potentially infectious aerosols and you are required to wear this respirator per Infection Control policy N95s are not absolute barriers and must be used with all other protective measures 	
Please Specify Reason for failed fit test:		required to complete your work assignmentsConsult your supervisor or MG" khh	
If an employee fails their N95 f their local HR contact or RPP Si discuss additional fit test option	te Administrator to	v with V	
COMMENTS:			
Extended Workforce signature: Fit tester signature: Fit tester clinic name/location: Einstein upload date:			

^{*}Please note, Quantitative fit testing information will be upkept by home institution/agency