

Information					
Employee Name:				USC ID:	
Department:				Phone:	
Medical Clearance					
I have received medical clearance to wear a respirator while performing my assigned job tasks: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Respirator(s)					
#	Manufacturer	Model	Type (Half/Full Face, SCBA)	Size	
1					
2					
3					
List any problematic facial fit conditions that apply (e.g., beard growth, sideburns, scars, deep wrinkles):					
Odor Sensitivity Test – Describe the sensation:					
Comments:					
Statement					
I have completed the following: <ul style="list-style-type: none"> Fit-testing on the above respirator(s) in conjunction with a test atmosphere. Instruction on proper use, maintenance, sanitation, and storage of the respirator(s) and associated filter cartridges. I understand the intended use(s) and limitations of the respirator(s).					
Trainee Signature:				Date:	
EH&S – For Department Use Only					
Trainee demonstrated assembly and disassembly of respirator(s): #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> None <input type="checkbox"/>					
Description	#1	#2	#3	Odor Sensitivity? Y/N	Comment
Positive Pressure Check					
Negative Pressure Check					
Isoamyl Acetate					
Irritant Smoke					
Saccharin					
Bitrex					
Quantitative					
P – Pass F – Fail					
Notes					
Trainer Signature:				Date:	
Trainer Name:					