

Respirator Fit Testing

This program establishes the procedure for respirator fit testing of employees, students, observers and visitors working in any department at Columbia University where a respirator is required to safely perform work. Anyone using a NIOSH certified respirator, appropriate for protection against the respiratory hazard(s) to which the worker may be exposed, MUST be medically cleared to wear a respirator by Workforce Health and Safety (WHS), Student Health Service or a licensed Healthcare provider, prior to the fit test. No one shall use a respirator without medical clearance and proper fit test. EH&S will perform fit testing as outlined below:

Fit-Testing Procedure

A. Requirements

1. Obtain Medical Clearance from Workforce Health and Safety (WHS), Student Health Service (SHS) or a licensed Healthcare Provider before making appointment for fit-test.
2. Complete **“Fit Test Appointment Form”** below, select the day and time and email it to Fit-testing@columbia.edu.
3. Bring in your **“Respirator Medical Clearance Form”** on the day and time of fit test (**NO Fit Test without Medical Clearance Form**).
4. Male must be clean shaven. (**No Fit-Test for individuals with beards or stubbles**).
5. Bring at least one respirator of the type and size you expect to be wearing during your work, to the fit test (EH&S will provide Kimberly-Clarke brand if you don’t have one).
6. Fit tests date and time and location are specified below.

B. Appointments

1. Complete **“Fit Test Appointment Form”** and email it to: Fit-testing@columbia.edu. (*By emailing this form you are automatically registered for the fit-test for the date and time you have selected. No further action is required*)

D. Test Location

1. EH&S Office, 601 West 168 Street, 6th FL, Suite #63

C. Test Schedule for 2013

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
12	16	20	20	17	22	19	17	21	18	16	20	18
Fit-Tests are done on Wednesdays between 2-3 PM												

FIT TEST APPOINTMENT FORM

Name: _____ Uni _____

Email: _____ Phone: _____

Department: _____ Bldg./FL/Rm: _____

Status CU Employee Student Observer
 Visitor Volunteer Other _____

Describe Work Activity: _____

Do you have Direct Patient Contact:

- Yes (e.g., patient handling, patient treatment, etc.)
- No (e.g., observer, volunteer, photographer, etc.)

At what time can you come for fit test? 2:00 pm 2:30 pm

Email this Appointment Form to EH&S at: Fit-testing@columbia.edu

(By emailing this form you have registered for the fit-testing on the date and time you have selected. No further action, like email, phone call, is required. Before coming read instructions under Requirements)

You must have Adobe Acrobat reader 9.0 or higher to submit this form. [Click here to download Acrobat Reader](#)

Automatic Email Response (Please Replace the current with this new one)

Thank you for your inquiry regarding respirator fit-testing. If you have received your medical clearance form please visit <http://www.ehs.columbia.edu/RespiratorFitTesting.html> for requirements and fit-testing schedule. Complete the Appointment From and send it to: Fit-testing@Columbia.edu. No further action is needed as you will be added to the list for the date and time you have selected.

If your inquiry is not resolved by following the instructions at the link provided above or have any other question, please send email to occusafety@columbia.edu with additional details.

Thank you.