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

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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 Form 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.