STONY BROOK
STATE UNIVERSITY OF NEW YORK

RESPIRATOR CERTIFICATION

Name:	SSN:	Date of Birth:
Department:	Job Title:	
Home Address:		Work Phone:

I. MEDICAL CLEARANCE

- ❑ Fit for respirator use with no restrictions
- ❑ Fit for respirator use with mild restrictions or accommodations (see comments)
- ❑ Additional testing needed before fitness can be determined
- ❑ Not fit for respirator use

Comments:_____

_____ _____

Signature of Practitioner Date:

II. TRAINING

This employee has been trained in the appropriate use, limitations and maintenance of respirator issued.

_____

Type of respirator (manufacturer, model, and size)

_____ _____

Signature of Instructor Date

III. FIT TESTING

The employee was fit tested for the above respirator using the following method and passed the test.

- ❑ Bitrex – Sensitivity (circle one) 10 20 30
- ❑ Saccharin – Sensitivity (circle one) 10 20 30
- ❑ Smoke
- ❑ Other _____

CERTIFICATION

- ❑ Has successfully completed medical clearance, training and fit testing (Sections I-III) and is certified to wear the respirator issued.
- ❑ Could not be certified for respirator use (see comments).

Comments_____

_____ _____

Signature of Instructor Date

ACKNOWLEDGEMENT

I was issued the above respirator and agree to use it accordingly to all provisions of the Respiratory Protection Program of Stony Brook University and the manufacturer's guidelines.

_____ _____

Signature of Employee Date