



SAN DIEGO CITY SCHOOLS

Maintenance & Operations Center • 4860 Ruffner Street, San Diego, CA 92111-1522 • (619) 627-7171

**MAINTENANCE AND OPERATIONS DEPARTMENT
EQUIPMENT/SAFETY SERVICES PROGRAM**
(619) 627-7190 FAX (619) 627-7230

Respiratory Fit Test and Approval Form

_____ has had consultation regarding the use of respiratory protection while working as an employee of the San Diego City Schools Maintenance and Operations Department. The employee has also been offered a copy of the Irritant Fume Protocol section from Title 8, Section 5144, Appendix A. As per the attached Asbestos Compliance Letter, the above named individual is physically able to use the respiratory protection device(s) listed below.

Fit Test Conductor: _____ Signature: _____

Fit Test Subject: _____ Signature: _____

Respiratory Device tested: _____ Date: _____

Brand: _____ NIOSH Approval # _____

Model: _____ Med. _____ Pass/Fail: _____

Respiratory Device tested: _____ Date: _____

Brand: _____ NIOSH Approval # _____

Model: _____ Pass/Fail: _____

Respiratory Device tested: _____ Date: _____

Brand: _____ NIOSH Approval # _____

Model: _____ Pass/Fail: _____

c: Supervisor