



# N95 and P100 Respirator Qualitative Fit Test

Connecticut Department of Correction

Attachment B  
11/06/2020  
AD 2.28

### Employee Information

Name of Employee:

Employee Number:

Facility:

### N95 Respirator Fit-Testing

Test Conductor:

Date:

### Respirator Selection

- a.  **N95:** 3M 1870/NIOSH N95
- b.  **N95:** 3M 8210/NIOSH N95
- c.  **P100:** 3M 6100, 6200, 6300/NIOSH P100 (S, M, LG)
- d.  **P100:** 3M 2097/NIOSH P100 (Filter for Model Number 6100, 6200, 6300)
- e.  **P100:** Moldex 2360/NIOSH P100 (With VENTEX Valve)
- f.  **Other:** Make and Model: \_\_\_\_\_
- g.  **No respirator was selected due to:**  **FACIAL HAIR**  **OTHER:** \_\_\_\_\_

### Taste Threshold Screening: (Use BITREX for initial screening)

**BITREX**

Number of squeezes used:  10  20  30

Sensitivity Verified:  YES  NO

**SACCHARIN SOLUTION**

Number of squeezes used:  10  20  30

Sensitivity Verified:  YES  NO

### Test Exercises: (Use same agent as noted in the Taste Threshold Screening)

**BITREX**

Number of *initial* squeezes used:  10  20  30

Squeezes used at *30 second intervals*:  5  10  15

**PASSED**  **FAILED**

**SACCHARIN SOLUTION**

Number of *initial* squeezes used:  10  20  30

Squeezes used at *30 second intervals*:  5  10  15

**PASSED**  **FAILED**

### Employee Verification

I have received notification that a re-fit of the N95/P100 respirator is indicated in case of: significant weight change (>20lbs.), significant facial scarring in area of the face-piece seal, significant dental changes, reconstructive or cosmetic facial surgery, or any other condition that would interfere with the respirator seal.

Employee Name (Print):

Signature:

Date: