



**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO**  
**Operating Policy and Procedure**

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EI Paso**

**Part I: Fit Testing for N-95 Particulate Respirator Use  
Hazard Assessment**

**This section is to be completed by the department supervisor or administrator**

Fit Test Candidate:

Name: \_\_\_\_\_ R#: \_\_\_\_\_

Department / School : \_\_\_\_\_ Mail Stop: \_\_\_\_\_

Phone: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor / Administrator: \_\_\_\_\_

**The above named person within my department is identified as having potential occupational exposure for one or more of the diseases or conditions for which CDC recommends use of N-95 respirators. I have conducted a risk analysis, and this person may reduce their risk of occupational exposure by wearing an N-95 respirator when appropriate. They have been given instruction as to how these determinations are to be assessed by them and have accessibility to N-95 respirators within the department. They have been given a copy of the HSCEP OP 75.12. Although it is recognized that fit testing is not required, documentation in published studies have shown that those who have participated in fit testing have repeatedly been found to have better face seals than those who have not been fit tested. Therefore, to aid this person in obtaining the maximum benefit from the use of the N-95 respirator, I am requesting that the above named individual be fit tested as soon as possible.**

Note: Lack of fit testing does not prohibit the use of N-95 respirators, if indicated.

Supervisor / Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_