APPENDIX H: Employee Fit Test Certification Card

|  |  |
| --- | --- |
| **Employee Fit Test Certification Card***Please keep with your records*  Place LHD Logo HereFit Test Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Respirator Type and Size:Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fit Tester Initial: \_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Employee Fit Test Certification Card***Please keep with your records* Place LHD Logo HereFit Test Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Respirator Type and Size:Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fit Tester Initial: \_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Employee Fit Test Certification Card***Please keep with your records* Place LHD Logo HereFit Test Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Respirator Type and Size:Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fit Tester Initial: \_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Employee Fit Test Certification Card***Please keep with your records* Place LHD Logo HereFit Test Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Respirator Type and Size:Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fit Tester Initial: \_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 PHPS-R002

 7/1/2018