



Public Health
Prevent. Promote. Protect.

Bismarck-Burleigh Public Health

Fit Testing

Check Out Form

Please complete this form. All questions must be answered in order to check out fit testing equipment.

Organization representing _____

Organization address _____

City _____ State _____ Zip Code _____

Organization contact _____

Office phone number _____

Additional phone number if needed _____

Email _____

Date checking out equipment _____

Expected date returning equipment _____

By signing this form, you are agreeing to the following conditions:

1. You are checking out the fit testing equipment and you, or someone in your facility, is trained to properly conduct a fit test.
2. You are aware that your organization is required to have a respiratory policy and/or plan in place prior to any completed fit testing.
3. You are aware that anyone receiving fit testing needs to have completed the OSHA evaluation and this form has been reviewed by a medical provider at a PA level or higher.
4. You must provide completed Respirator Fit Test Record forms of all individuals who received fit tests.

5. You are only able to check out fit testing equipment for a maximum of two weeks at a time, and will return the equipment as soon as is possible within that timeline. All equipment will be returned in proper working condition.

Note: Organizations that need assistance with this form, or have additional questions, may contact SWC Regional Coordinator Crystalynn Kuntz by phone (701-355-1546) or by email (ckuntz@bismarcknd.gov).

Signature

Date