N95 Respirator Training and Fit Testing Verification Personal Protective Equipment (PPE) Safety Tips Employee Name: **Donning Instructions** Wash hands. Facility: This facility has successfully passed a qualitative/quantitative fit test and completed goggles/face shield, gloves). training in the appropriate use, limitations and application of this respirator. Manufacture: _____ Trainer Signature: _____ shield, mask/respirator). Quality Improvement Organizations Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICARD SERVICES MOUNTain Pacific INNOVATING BETTER HEALTH Dispose of PPE in designated container. Wash hands. Views expressed do not necessarily reflect the official views or policy of the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). 12SOW-MPQHF-AS-NH-8/23-351 N95 Respirator Training and Fit Testing Verification Personal Protective Equipment (PPE) Safety Tips Employee Name: ____ **Donning Instructions** Wash hands. Facility: __Date: _ Don PPE in proper order (gown, mask/respirator, This facility has successfully passed a qualitative/quantitative fit test and completed training in the appropriate use, limitations and application of this respirator. goggles/face shield, gloves). Model: ___ **Doffing/Removal Instructions** Trainer Signature: __ shield, mask/respirator). Quality Improvement Organizations Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICAID SERVICES INNOVATING BETTER HEALTH Dispose of PPE in designated container. Wash hands. pressed do not necessarily reflect the official views or policy of the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). 12SOW-MPQHF-AS-NH-8/23-351 Note: Annual fit testing is required to re-verify appropriate respirator fit. N95 Respirator Training and Fit Testing Verification Personal Protective Equipment (PPE) Safety Tips Employee Name: **Donning Instructions** Wash hands. Date: Don PPE in proper order (gown, mask/respirator, This facility has successfully passed a qualitative/quantitative fit test and completed training in the appropriate use, limitations and application of this respirator. goggles/face shield, gloves). Manufacture: Trainer Signature: shield, mask/respirator). Quality Improvement Organizations Sharing Knowledge. Improving Health Care. Dispose of PPE in designated container. Organizations Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICAID SERVICES Wash hands. Views expressed do not necessarily reflect the official views or policy of the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). 12SOW-MPQHF-AS-NH-8/23-351 Note: Annual fit testing is required to re-verify appropriate respirator fit. N95 Respirator Training and Fit Testing Verification Employee Name: ___ **Donning Instructions** Wash hands. Facility: Date: This facility has successfully passed a qualitative/quantitative fit test and completed training in the appropriate use, limitations and application of this respirator. goggles/face shield, gloves). Manufacture: ____ **Doffing/Removal Instructions** Trainer Signature: __ shield, mask/respirator). Quality Improvement Organizations Sharing Knowledge. Improving Health Care. Mountain Pacific Dispose of PPE in designated container.





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- Don PPE in proper order (gown, mask/respirator,
- Always perform a face seal check before entering room (follow manufacture's recommendations to check for leakage).

Doffing/Removal Instructions

- Remove PPE in proper order (gown, gloves, goggles/face

Note: Annual fit testing is required to re-verify appropriate respirator fit.

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- Wash hands.

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