

N95 Respirator Training and Fit Testing Verification

Employee Name: _____

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.

Manufacture: _____

Model: _____ Size: _____

Trainer Signature: _____



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

Personal Protective Equipment (PPE) Safety Tips

Donning Instructions

- ✓ Wash hands.
- ✓ Don PPE in proper order (*gown, mask/respirator, goggles/face shield, gloves*).
- ✓ **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 shield, mask/respirator*).
- ✓ Dispose of PPE in designated container.
- ✓ Wash hands.

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

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