

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Fit Testing for N-95 Particulate Respirator Use  
Hazard Assessment

**This section is to be completed by the Department Supervisor or Administrator and forwarded to the Administrator in Lubbock (fax: 806-743-1299) or to your campus coordinator, as appropriate.**

Fit Test Candidate

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

Dept/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 HSC OP 75.12. 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: \_\_\_\_\_