



PO Box 491615
 Redding, CA 96049-1615
SUPPLEMENTAL STAFFING RESOURCE
 Federal Tax ID #: **68-0566960**

1-866-CRITOPS
 Toll Free: 1-866-274-8677
 FAX: 530-221-3911
 Email: staffing@criticaloptions.com
www.criticaloptions.com



Health Care Staffing
 Services Certification by
 The Joint Commission

RESPIRATOR FIT TEST

Quantitative Qualitative

Name: _____

Company: _____

SSN: _____

Half face respirator size:

1860 1860S 1870 Other: _____

Model number: _____

Performed By: _____

Date: _____

USER SEAL CHECK—A user seal check must be performed by the
 wearer each time the respirator is put on.

FIT TEST—A fit test must be performed:

1. When a respirator model is first assigned and
2. Annually thereafter.