

Request a Fit Testing and/or Training

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Occupational Pulmonary Services

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**Occupational
Pulmonary
Services**



To request a respirator services, have your program administrator complete and **return this form**. Available dates & times will be provided based upon services selected.

Name of Person to be Fit Tested and/or Trained:	
Employer name:	
Daytime Phone #:	
Cell #	
email address:	
Copy info to:	

Identify service to be performed

Fit Testing	1 st Respirator	If a 2 nd Respirator is needed, use this column.
Type of Facepiece: Select from list		
Preferred Make:		
Preferred Model:		
Training* Select from list		

* OSHA requires initial and *at least* annual respirator training. All requested fit testing services includes donning, doffing and seal check training, but this is **not** equivalent to OSHA required respirator training. If training is **not** selected, the employer is responsible to provide formal training prior to fit testing.

PAPR Training	Most PAPR's do not require fit testing. Only those with rubber (elastomeric) sealing surfaces require fit testing.
Type of Facepiece: Select from list	
Make:	
Model:	
Training: Select from list	

Payment is required at the time of service