

RESPIRATOR FIT TEST HOLD HARMLESS AND RELEASE AGREEMENT

In consideration for _____ providing a Respirator Fit Test, I acknowledge and agree to the following:

I understand that any physical changes after this respirator fit test, such as weight gain/loss, dental work, facial hair, etc.) may affect the fit of a respirator.

I understand the respirator fit test applies only to the specific brand, model and size of respirator for which I was fitted.

I understand I should perform a seal check each time I use my respirator.

I understand that any other Personal Protective Equipment (PPE) I intend to wear with my respirator may affect the fit of the respirator.

I understand a fit test should be conducted at least annually or after I experience any changes that may affect the fit of the respirator.

I understand the medical evaluation is mandatory and must be answered to the best of my ability. Any changes in health or responses to the evaluation may impact the respirator fit test or the safety of using a respirator.

To the extent permitted by law, I agree to hold harmless and release _____ and its _____ (“Releasees”) from and against any and all claims, loss, damage, injury, liability or exposure, however caused (with the exception of gross negligence on the part of Releasees) resulting from or arising out of or in any way connected with the Respirator Fit Test.

Name: _____

Signature: _____

Date: _____