



Contractor Group Respirator Fit Test Request Form

Revised 1/15/04

Today's Date: _____ Requesting Contractor: _____

Contact Person (Responsible Party): _____

Jobsite Location Telephone: _____ Fax: _____

Physical Address, City, State, Zip: _____

Testing Boilermakers: Out of Craft: Both:

If Out of Craft or Both, provide Billing contact person: _____

Billing Address: _____ Phone: _____

Each Shift Start/Finish Times: Day _____ Night _____

Qualitative Respirator Mask for Testing – MOST will only pay for one mask test per participant!
Please write in the requested Make, Model and Type below.
(Example: 3M, 6000 Series, Half Mask).

<u>Make</u>	<u>Model</u>	<u>Type</u>
-------------	--------------	-------------

Requested Testing Dates with Estimated Number of Participants per Shift:

Date: _____ Day Shift: _____ Night Shift: _____

Date: _____ Day Shift: _____ Night Shift: _____

Date: _____ Day Shift: _____ Night Shift: _____

Contractors requesting a Respirator Fit Group Test on a 3M 6000 Series Half Mask will need to fax this completed Form back to MOST at 1-913-281-0037 **two (2) weeks** before the requested test date(s) to allow for the scheduling of a technician. **Please note that there is a minimum of 5 tests per day.** This Request Form will be reviewed and forwarded to American Industrial Care, Inc. who will set up a technician for testing.

Your Contact Person is required to pull a Profile from the **Employee Verification System, (EVS)** by calling 1-800-432-5765 and determining whether the individuals being scheduled to test are eligible. **For Group Testing only**, members are eligible if they will be within 90 days of one year from their last (QLFT Date) Qualitative Respirator Fit Date for that Respirator Model, or have never tested before.

The Contractor will be invoiced by MOST for the charges if a member who is not eligible is tested and/or if the MOST Information Form is not completely filled out and faxed to Jessie Black @ 913-281-0037 for every Boilermaker tested that is not in the Employee Verification System (EVS) **before testing!**



Group Qualitative Respirator Fit Testing Protocol for Contractors

Updated 1/16/04

Contractors requesting a Group Qualitative Respirator Fit Test will need to fax the completed Contractor Request Form to Jessie Black at MOST - 913-281-0037. Our Vendor has established a minimum of 5 tests per day. We request a two-week advance notice before the requested date(s) to allow for the scheduling of a Technician.

The Group Respirator Fit Test can be performed with a 3M, North or MSA mask, depending on your request. Please be sure to specify the Model and Type.

Your Contact Person will need to pull a Profile from the **Employee Verification System (1-800-432-5765)** and determine whether the individuals being scheduled to test are eligible. *For Group Testing only*, members are eligible if they will be within 90 days of one year from their last (QLFT Date) Qualitative Respirator Fit Date for that Respirator Model, or have never tested before. If a member who is not eligible is tested, the Contractor will be responsible for the charges. The Contractor will be invoiced by MOST for the charges if a member who is not eligible is tested and/or if the MOST Information Form is not completely filled out and faxed to Jessie Black @ 913-281-0037 for every Boilermaker tested that is not in the Employee Verification System (EVS).

You will also need to ask the members if they have taken a MOST Respirator Fit Test at a Boilermaker Local or called the MOST office themselves and tested within the last 2 weeks, as MOST may not have that information yet.

It will take approximately 3 weeks for the results to be received back at MOST, input into the EVS and a Report mailed to the participants after testing.