

State of New York - Department of Corrections and Community Supervision  
**RESPIRATOR FIT TEST CARD APPLICABLE DOCUMENTATION**

Name \_\_\_\_\_ Title \_\_\_\_\_

\*This verifies that the bearer has received a quantitative fit test using the OHD Quantifit machine for the following respirators:

Cartridge/Air Purifying Respirators	_____
*Chemical Agent Mask	_____
Half Face Respirator	_____
Full Face Respirator	_____
*SCBA	_____
PAPR	_____
N95 - Wilson/KC	_____

DATE \_\_\_\_\_ CONDUCTED BY \_\_\_\_\_ SIZE \_\_\_\_\_  
 Corrective Lenses Required Yes No FORM 1237 (8/12)

**Notice to Employees**

- \* Fit test expires one year from dates indicated.
- \* This card shall be carried at all times.
- \* This card shall be produced upon demand of any supervisor.
- \* Expiration date of medical clearance: \_\_\_\_\_

Employee Signature: \_\_\_\_\_