

To reserve the Respirator Fit Test Machine complete this form, sign it and fax to the Department of Emergency Management - 435-3309.



Respirator Fit Test Machine Usage Form

Borrowing Agency Date

Agency Representative Title

Daytime Phone Number Email Address

Respirator Type/Manufacturer

Manufacture Type

Manufacture Type

Manufacture Type

I, (Name) _____ of the _____ would like to reserve the Onondaga County Department of Emergency Management Respirator Fit Test Machine for the purposes of completing OSHA mandated fit testing for our emergency response personnel from:

Pick-Up Date TO Return Date

Our agency understands that this equipment is the property of Onondaga County and must be returned in working condition within the two week reservation period, as approved by the Department of Emergency Management.

Signature - Authorized Agency Representative _____

Department of Emergency Management Use Only

Date/Time request received _____

Date/Time Machine Issued _____ BY _____

Machine Issued To _____ Title _____

Agency _____ Return Date _____