

Columbia County Quantitative SCBA Fit Testing Program

Agencies wishing to utilize the Columbia County Porta-Count quantitative fit testing equipment shall adhere to the following guidelines:

1. All departments shall follow the guidelines established by 29 CFR 1910.134 the Respiratory Protection Standard.
2. Each agency shall have a least one qualified operator for the fit testing equipment who has completed the four hour Respiratory Protection Program course, and is competent in the use, care and maintenance of the Porta-Count system.
3. Upon sending a letter of request to the Coordinators office for approval
4. The Fire Department IS responsible for picking up and returning the Porta-Count to the Coordinators office
5. Upon signing out the Porta-Count, the agency assumes ALL responsibility for damage or loss due to misuse, neglect, theft, or accident.
6. Participating agencies shall return County Fit Testing equipment and Inspection form within 48 hours of receipt.
7. Consult operation and service manual before performing fit test to verify proper operation and testing parameters.
8. The minimum fit test factor for full face respirators shall be not less than 500 per OSHA standards.
9. NO person shall be tested with facial hair that interferes with the proper seal of the mask. (The only facial hair excepted is a mustache only. All other facial hair must be removed.)
10. No person shall have any tobacco product 20 minutes prior to testing
11. All record keeping in accordance with 29 CFR 1910.134 shall be the responsibility of agency performing the testing.
12. Any questions or problems which arise during the use of equipment not addressed in the operations manual shall be referred to this office.
13. For help during testing contact Lt. David Shultis @ 518-755-1589 or Lt. George Houston @ 518-929-0914

Columbia County Hazardous Materials Team
Pre/Post Use Check Sheet for Porta-Count

Date: _____

Fire Department: _____

Name and Contact info for individual conducting test:

Pre use

Post use

Are all of the following present:

Are of the following placed back in the case

___ Porta-count machine

___ Porta-count machine

___ Power Supply cord

___ Power Supply cord

___ Data cord

___ Data cord

___ USB adapter

___ USB adapter

___ Filter in Alcohol bath

___ Filter in Alcohol bath

___ Copy of rainbow passage

___ Copy of rainbow passage

___ SCBA Adapter in case

___ SCBA Adapter back in case

Comments/repairs needed:

How many firefighters were tested? _____

How many hours did you spend testing these Firefighters? _____

Please return this with the Porta-Count and adapter kit to the Columbia County Fire Coordinator within 48 hours.

Signature: _____

Rank: _____

Date Returned: _____