



## FIT Testing Request

FIRE COMPANY:

DATE:

TIME:

HANDLING COORDINATOR:

EQUIPMENT NEEDED:

- OHD Machine
- Computer

- Complete & Submit the Interior Firefighter Form (***One week Prior to Requested Date***)

- Does the Fire Company have cleaning materials to clean their masks?

- What kind of SCBA's are used?

- Approximately how many people need testing? \_\_\_\_\_

- Sent to host Deputy District Coordinator.

- Sent to Fire Coordinator.

Revised: 01/2020