



## **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