



355 Harry Walker Parkway North, Units 9 & 10
Newmarket, Ontario, L3Y 7B3

Tel: (905) 898-6906

Toll-Free: 1-877-DIAL-ISS

Fax: (905) 898-1597

E-mail: sales@internationalsafety.com
www.internationalsafety.com

Mask Fit Testing Work Order Request Form

Authorized Contact Information

Company Name: _____

Contact Name: _____

Phone Number: _____

E-mail: _____

Billing Information

Authorized Contact Name: _____

Contact Phone Number: _____ **Contact Fax Number:** _____

Contact E-mail: _____

Billing Address: _____

Street

Unit/Suite

Municipality

Province

Postal Code

Credit Card Information

Name on Card: _____ **Type of Card:** _____

Card Number: _____ **Security Code:** _____ **Expiry Date:** _____

Fit Test Service - Quantitative Per Person

SER-FITTEST-QT

\$49.00. Does NOT include purchase of mask.

Number of employees for mask fit testing _____

(list of names may be requested)

Type of Mask

Disposable (N95, R95)

Half Mask

Full Mask



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Please Note:

Employees for Mask Fit Testing must comply to the following:

- Must be clean shaven. Disposable blades and shaving cream will be provided for those individuals who do not meet this requirement.
- Must not have smoked at least 30 minutes prior to the test

*** We have the right to refuse to perform a mask fit test if the individual is not compliant of the above. Mask Fit Testing fee will still apply ***

- Allow 10 - 15 minutes for each fit test
- International Safety provides On-Site mask fit testing. Call for more information.

Brand currently used (if any): _____

What is your first choice of mask?

MSA Dräger North by Honeywell 3M

What is your second choice of mask?

MSA Dräger North by Honeywell 3M

What is your third choice of mask?

MSA North by Honeywell 3M

Purpose of mask use

Thank you for submitting this Work Order Request Form. An International Safety team member will contact you soon to set up an appointment. Please allow up to 24 hours for processing.