

## **PFR Practical Assessment Example**

Name:	Title:		
Workplace location and ward/area:			
Assessor name:	Title:		
PFR used (make, model, size):	Fit tested: Y / N		
Date of assessment:	Competent / Not Competent		

Action	Performed correctly? Y / N	Comment	
Theoretical knowledge			
Describes when and why to wear a PFR			
Describes when to replace a PFR			
Describes what to do and who to contact if a			
respiratory exposure occurs			
Describes the purpose of the fit check and when it			
should be performed			
Describes when to repeat a fit test			
Donning			
Performs hand hygiene and demonstrates			
appropriate infection prevention practices			
Inspects PFR for defects or damage			
Dons all PPE and additional equipment or			
products in correct order			
Dons respirator according to manufacturer's			
instructions for use			
Performs a fit check according to the			
manufacturer's instructions for use			
Makes appropriate adjustments required for fit			
check to indicate appropriate user seal  Doffing			
Performs hand hygiene and demonstrates			
appropriate infection prevention practices			
Doffs all PPE and additional equipment or			
products in correct order			
Doffs PFR correctly			
Disposes of PFR and other PPE and additional			
equipment correctly			
Cleans and stores other PPE, additional			
equipment and unused PFRs correctly			

