Montana Department of Public Health and Human Services
Public Health and Safety Division

Request for Portacount® Respirator Fit Tester

Date: _____

Submit this request by mail, fax or e-mail to:

Montana Laboratory Services Bureau
Attn: Portacount Fit Tester
PO Box 4369
Helena, MT 59604-4369

Telephone: 800-821-7284 Fax: 406-444-1802 e-mail: mtphl@mt.gov

Facility Name			
Shipping Address			
City, State, Zip Code		**MT**	
Facility Contact Name			
Contact Telephone Number			
Contact e-mail Address			
Number of Employees to be Tested (so we send enough probes)			

I take full responsibility for the respirator fit tester during the time it is in my facility. I will maintain it in a safe secure location, and assure that it will be handled properly during its operation.

_____
Facility Contact Signature

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MTLSB Use Only

Portacount Tag Number: _____ Date shipped to facility: _____

Expect Return week of: _____ Date Returned: _____

Condition: _____ Checked in by: _____