



Member Annual Reporting

Guide to submitting annual reporting via RESP-FIT website

v1



RESP-FIT Annual Reporting Requirement

- It is a mandatory requirement for all RESP-FIT Accredited fit testers and Approved training providers to annually provide data around the number of people they have fit tested and trained per methodology.
- It is a requirement to maintain accreditation that annual reporting is submitted.
- The objective in collecting this data is to inform the development of the program and market RESP-FIT in the future. We hope over time with the increase of accredited fit testers and fit testing being performed in workplaces we can quantitatively show this increase with this self reported data. Data is kept confidential
- This submitting of data is done via your RESP-FIT member log in page which this guide will take you through how to do.
- The reporting window to submit data is from 1st January to 31st January.
- Data provided is all for fit tests a Accredited fit tester performed in the previous year per methodology accredited for. For Approved training providers it is the number of people who went through their approved training courses per methodology they are approved for.
- Accuracy of submitted data We understand this is self reported data, hence need it to be as accurate as possible based on your fit test records or training records. We want as a reliable picture as possible to the activity going on in industry. Please do not overestimate or inflate your number.
- We are not tracking which fit testers did the most fit tests in the previous year or anything like that but collectively getting a picture of our impact.







Visit respfit.org.au to login



3







Logging In



CELEBRATING OVER 4D YEARS OF PROTECTING AUSTRALIAN WORKER'S HEALTH











Annual Report Submission

| | Find a · Join as · Support · Resources FAQS News About · Member – Additional Services |
|---------------------------------|---|
| | Home Update Details Certificates & Badges Services Forum LOGOUT • Apply for Additional Methodologies • Card Replacement |
| Select Annual Report Submission | Annual Report Submission |





Accredited Fit Testers – Submission

Enter number of people you fit tested in the previous year for the method/s you are accredited in

Annual Report Submission

Due 31st January of the year for the previous years, which reports on the number of fit tests for each methodology conducted in the previous year. This deidentified data will be utilised to inform the development of the Program and promote RESP-FIT. If the report is not submitted by the 1st April in the following calendar year, the individual will forfeit their accreditation.

This is an annual requirement to maintain accreditation.

Annual Report Due

Reporting Year

2020

Please enter the number of people you have fit tested for the previous year. If there were no people fit tested, enter zero.

A numeric value is required for each Fit Test Methodology you are accredited in.

Qualitative Fit Test (QLFT) – Aerosol taste test (ATT) *

Quantitative Fit Test (QNFT) - Ambient aerosol condensation Nuclei Counting (CNC) *

Quantitative Fit Test (QNFT) - Controlled Negative Pressure (CNP) *

Submit







Accredited Fit Testers – Lodged Report

You will see the following screen to confirm annual report has been lodged

| RESP RESPIRATOR TRAINING & AN | P-FIT FIT TESTING AN AIDH CREDITATION PROGRAM | | ô | Find a 🔹 | Join a | S • | Support 🔹 | Resources | FAQS | News At |
|-------------------------------------|---|-----------------|-----------|-------------|------------|----------|------------|-----------|-----------|---------|
| Mem | ber – Ad | ditiona | al Se | ervic | es | | | | | |
| Home | Update Details | Cert icate | es & Bad | ges Se | ervices | Forun | n LOGO | л | | |
| ◄ Арр | y for Additional | Methocolog | ies | | | | | | | |
| ▼ Carc | Replacement | | | | | | | | | |
| 🔺 Ann | ual Report Subm | ission | | | | | | | | |
| conduct | January of the year ed in the previous y RESP-FIT. If the rep ation. | ear. This deide | ntified c | lata will b | e utilised | to infor | m the deve | | e Program | and |
| This is ar | annual requireme | nt to maintain | accredit | ation. | | | | | | |
| Annual | Report Due | ŧ | | | | | | | | |
| | ou, your Annual Re | | | | | | | | | |

You will also be sent a confirmation email with a pdf report for your submission to keep for your records

| Dr. | | |
|--------------------------|---|--|
| | | |
| RESP-FIT | | |
| NAMMAT & NOOREDITATION | | |
| | | |
| Members: Fit Tester | Annual Report | |
| REPORTING YEAR | | |
| 2020 | | |
| NAME | | |
| Mark Reggers | | |
| EMAIL ADDRESS | | |
| | | |
| OUALITATIVE FIT TEST (OL | T) - AEROSOL TASTE TEST (ATT) | |
| 0 | | |
| OUANTITATIVE FIT TEST (O | NFT) - AMBIENT AEROSOL CONDENSATION NUCLEI COUNTING (CNC) | |
| 2 | | |
| OUANTITATIVE FIT TEST (O | NFT) - CONTROLLED NEGATIVE PRESSURE (CNP) | |
| 0 | | |





Approved Training Providers – Submission

| Enter number |
|----------------|
| of people you |
| trained in the |
| previous year |
| for the |
| method/s you |
| are accredited |
| in 🗾 |

| Home | Update Details | Documen | nts & Ba | dges | Services | Events | LOGO | UT | | | |
|---|---|---------------|-----------|------------|-------------|----------------|-----------|---------------|--------------|-----------|------|
| | | | | | | | | | | | |
| Annual | Report Submiss | ion | | | | | | | | | |
| conducted i | nuary of the year fo n the previous yea SP-FIT. If the repor n. | . This deider | ntified (| data will | be utilised | to inform th | ne develo | opment of th | e Program | and | neir |
| This is an an | inual requirement | to maintain | accredi | tation. | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Annual Re | port Due | | | | | | | | | | |
| Annual Re | port Due | | | | | | | | | | |
| Annual Re | port Due | | | | | | | | | | |
| Annual Re Reporting Y | | | | | | | | | | | |
| Annual Re Reporting 1 | | | | | | | | | | | |
| Reporting Y | | | | | | | | | | | |
| Reporting Y | /ear | | | | | | | | | | |
| Reporting Y 2020 Student N | ^{(ear} | | | | | | | | | | |
| Reporting Y 2020 Student N | /ear | ople you hav | ve fit te | sted for t | the previou | s year. If the | ere were | no people fii | tested, en | ter zero. | |
| Reporting Y 2020 Student M Please enter | ^{(ear} | | | | | | ere were | no people fil | tested, en | ter zero. | |
| Reporting Y 2020 Student I Please enter | Yumbers | | | | | | ere were | na people fii | tested, en | ter zero. | |
| Reporting Y 2020 Student N Please enter A numeric v | Yumbers | each metho | odology | you are | | | ere were | no people fil | : tested, en | ter zero. | |
| Reporting Y 2020 Student N Please enter A numeric v | fear Numbers r the number of pe alue is required for Fit Test (QLFT) – A | each metho | odology | you are | | | ere were | no people fii | tested, en | ter zero. | |
| Reporting 1 2020 Student I Please enter A numeric v Qualitative | fear Numbers r the number of pe alue is required for Fit Test (QLFT) – A | each metho | odology | you are | | | ere were | na people fii | tested, en | ter zero. | |
| Reporting V 2020 Student I Please enter A numeric v Qualitative Not Applica | fear Numbers r the number of pe alue is required for Fit Test (QLFT) – A | each metho | e test (A | you are | accredited | in. | | | : tested, en | ter zero. | |
| Reporting V 2020 Student I Please enter A numeric v Qualitative Not Applica | fear Numbers r the number of pe alue is required for Fit Test (QLFT) – A bble e Fit Test (QNFT) - | each metho | e test (A | you are | accredited | in. | | | : tested, en | ter zero. | |

Provide additional details regarding any course changes made during the year and any attended feedback and resolution (if required)

| Please indicate | any changes since your last report. |
|-----------------------------|---|
| Changes to | Facilitators |
| Changes to | Course |
| 🗌 Major Chan | ges to Assessment |
| 🗌 Major Chan | ges to Practical Component |
| Do you have a | ny comment regarding the changes made? |
| | |
| | |
| | |
| | |
| | |
| | |
| Attendee F | eedback |
| | |
| | eedback mary of attendee feedback and actions that were taken to resolve any issues. |
| | |
| | |
| | |
| | |
| Attendee F Provide a sum | |





Approved Training Providers– Lodged Report

You will see the following screen to confirm annual report has been lodged

| RESP-FIT RESPIRATOR FIT TESTING AN AIDH TRAINING & ACCREDITATION | mê Finda ∙ Join as ∙ Support ∙ Resources FAQS News |
|--|---|
| Member – Add | itic nal Services |
| Home Update Details | Cert icates & Badges Services Forum LOGOUT |
| Apply for Additional Me Card Replacement | tho: plogies |
| Annual Report Submiss | sion |
| conducted in the previous year | r the revious years, which reports on the number of fit tests for each methodology . This leidentified data will be utilised to inform the development of the Program and t is no submitted by the 1st April in the following calendar year, the individual will forfeit thei |
| This is an annual requirement | comantain accreditation. |
| Annual Report Due | + |
| Thank you, your Annual Repo | |

You will also be sent a confirmation email with a pdf report for your submission to keep for your records



| 2020 | |
|--------------------|---|
| COMPANY | |
| AB Respiratory Tes | t Service |
| EMAIL ADDRESS | |
| | |
| Student Numbe | rs |
| QUALITATIVE FIT TE | ST (QLFT) – AEROSOL TASTE TEST (ATT) |
| 1 | |
| QUANTITATIVE FIT T | EST (QNFT) - AMBIENT AEROSOL CONDENSATION NUCLEI COUNTING (CNC) |
| 2 | |
| QUANTITATIVE FIT T | EST (QNFT) - CONTROLLED NEGATIVE PRESSURE (CNP) |
| 3 | |
| Changes | |
| CHANGES TO FACILI | TATORS |
| ITrue | |
| CHANGES TO COURS | Ε |
| I True | |
| MAJOR CHANGES TO | ASSESSMENT |
| I True | |
| MAJOR CHANGES TO | PRACTICAL COMPONENT |
| I True | |
| DO YOU HAVE ANY C | OMMENT REGARDING THE CHANGES MADE? |
| Comments | |
| | |











Thank you

For more information visit <u>www.respfit.org.au</u>

or email respfit@aioh.org.au

