



## Qualitative Respirator Fit Test Record

Company Name: \_\_\_\_\_ Location: \_\_\_\_\_

### Employee Data:

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Prescription Glasses Required:  Yes  No Does Facial Hair Interfere with Seal:  Yes  No

Other PPE Worn: \_\_\_\_\_

### Respirator Data:

Model: \_\_\_\_\_ Type of Face piece:  Half Face  Full Face

Size:  S  M  L  One Size NIOSH Approval No.: \_\_\_\_\_

### Training

Training to include: The use and limitations of the respirator; how to recognize medical signs and symptoms that may limit respirator use; how improper fit, use, cleaning and storage can compromise the protection provided by the respirator; how to properly put on and take off the respirator and perform respirator positive and negative seal checks

### Fit Test:

Fit Test Solution:  Saccharin  Bitrex Sensitivity Test:  Pass  Fail

No. of Nebulizer Squeezes to Taste Threshold (T) (10, 20, 30) \_\_\_\_\_

### Fit Test:

Normal Breathing	<input type="radio"/> Pass	<input type="radio"/> Fail	Talking	<input type="radio"/> Pass	<input type="radio"/> Fail
Deep Breathing	<input type="radio"/> Pass	<input type="radio"/> Fail	Bend Over/Jog	<input type="radio"/> Pass	<input type="radio"/> Fail
Head Side to Side	<input type="radio"/> Pass	<input type="radio"/> Fail	Normal Breathing	<input type="radio"/> Pass	<input type="radio"/> Fail
Head Up and Down	<input type="radio"/> Pass	<input type="radio"/> Fail	Overall Fit Test	<input type="radio"/> Pass	<input type="radio"/> Fail

Fit Test Performed By: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_