RESPIRATOR FIT TEST RECORD

Employee Name:

LAST FIRST Ml

Office/Program:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Location: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Position Title**:**

Medically cleared: ❒ Yes ❒ No Annual Training: ❒ Yes ❒ No

Respirator Manufacturer: \_\_ Model: **\_\_\_\_\_\_\_\_\_\_\_**  Size: \_\_\_\_\_\_\_\_\_

Type of Fit Test: ❒ Qualitative (QLFT) ❒ Quantitative (QTFT)

|  |  |  |
| --- | --- | --- |
| **Qualitative Fit Test Results:** | | |
| **Solution Used** | **Sensitivity/Threshold**  (circle # of squeezes) | **Results of Fit Test** |
| ❒ Bitrex® | 10, 20, 30, or failed | ❒ Passed / ❒ Failed |
| ❒ Saccharin | 10, 20, 30, or failed | ❒ Passed / ❒ Failed |

|  |  |  |
| --- | --- | --- |
| **Quantitative Fit Test Results:** | | |
| **Name of Fit Test Machine** | **Overall Fit Factor** | **Results of Fit Test**  *(Attach results of QNFT)* |
|  |  | ❒ Passed / ❒ Failed |

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Fit Tester Name Fit Tester Signature Date