

Respirator Fit Test Record

Your Information

Employee's name	Date
Work location	

Respirator Information

Type	Manufacturer
Size	Approval number

Test Method

<input type="checkbox"/> Qualitative fit test method <input type="checkbox"/> Quantitative fit test method	Fit test method	Quantitative fit test model number
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Test Checklist

<input type="checkbox"/> Employee wears respirator for 10 minutes <input type="checkbox"/> Tester reviews protocol with employee <input type="checkbox"/> Employee performs positive and negative pressure test	Employee performs the following exercises: <input type="checkbox"/> Breathes normally <input type="checkbox"/> Breathes deeply <input type="checkbox"/> Turns head from side to side and inhales on each side <input type="checkbox"/> Nods head up and down and inhales when head is up and when head is down <input type="checkbox"/> Talks aloud for one minute <input type="checkbox"/> Grimaces <input type="checkbox"/> Bends over or jogs
Respirator can be properly fitted <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee feels comfortable with respirator <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	

Signature

Tester's name	Tester's signature	Date
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