

Fit Test Record



Date: _____

Number of Squeezes: _____

Respirator User's Name/ Phone: _____

Job Title/ Department: _____

Supervisor's Name/ Phone: _____

Description of Inhalation Hazard: _____

Fit Test

Type of Respirator Selected: _____

Manufacturer of Respirator: _____

Size and Model of Respirator Selected: _____

Qualitative Protocol Used:

_____ Isoamyl Acetate	Pass _____	Fail _____
_____ Saccharin	Pass _____	Fail _____
_____ Bitrex®	Pass _____	Fail _____
_____ Irritant smoke	Pass _____	Fail _____

Training

Limitations	_____	Storage	_____
Donning	_____	Filter/Cartridge Changing	_____
Adjustment	_____	Eye Protection	_____
Fit Check	_____	Facepiece to Face Issues	_____
Maintenance	_____	Odor Threshold	_____

Date Training Completed: _____

Date Fit Test Completed: _____

Employee Signature: _____

Fit Tester Signature: _____