



Respirator Qualitative Fit Test Record

Name (print): _____ Dept/Division: _____

Respirator Type / Model: _____ Respirator Size: _____

Tested By: _____

Preliminary Questionnaire

Yes___ No___ Did the user receive a medical evaluation?

Yes___ No___ Did the user pass the medical evaluation?

Yes___ No___ Any eating, drinking (excluding water), smoking or chewing within the last 15 minutes?

Yes___ No___ Does the respirator feel comfortable to the user?

Yes___ No___ Any hair growth or apparel which interferes with a satisfactory fit?

Yes___ No___ User seal check completed (positive and negative pressure test)?

Yes___ No___ Do you wear glasses?

Yes___ No___ Mask donned and worn at least 5 minutes prior to test (to assess comfort)?

Yes___ No___ Any known allergies to Saccharin or Bitrex?

Fit Test Agent Filter

___Irritant Smoke

___Saccharin

___Bitrex

___Isoamyl Acetate

Cartridge

___Organic Vapor Cartridge

___Particulate Filter (N95)

___Particulate Filter (P95)

___100 Level Particulate Filter

Taste Threshold _____

Fit Test Results: _____Pass _____Fail

I certify that I have been trained in the use and care of respirators by my company and acknowledge that I have been fit tested with the respirator listed above according to OSHA's Regulations 29 CFR 191.134 pertaining to Respiratory Protection and understand its requirements.

Employee's Signature

Date