

RESPIRATOR FIT TEST RECORD

Employee Name (Please Print): _____ SSN: _____

Job Title: _____

Facial Hair? _____ Describe: _____

Prescription Glasses Required: Yes _____ No _____

Test 1:

Respirator Manufacturer/Type/Model/Size: _____

Initial Fit Okay: Pass _____ Fail _____
Negative Pressure Test: Pass _____ Fail _____
Positive Pressure Test: Pass _____ Fail _____
Irritant Smoke Test: Pass _____ Fail _____
Isoamyl Acetate Test: Pass _____ Fail _____

Test 2:

Respirator Manufacturer/Type/Model/Size: _____

Initial Fit Okay: Pass _____ Fail _____
Negative Pressure Test: Pass _____ Fail _____
Positive Pressure Test: Pass _____ Fail _____
Irritant Smoke Test: Pass _____ Fail _____
Isoamyl Acetate Test: Pass _____ Fail _____

Test 3:

Respirator Manufacturer/Type/Model/Size: _____

Initial Fit Okay: Pass _____ Fail _____
Negative Pressure Test: Pass _____ Fail _____
Positive Pressure Test: Pass _____ Fail _____
Irritant Smoke Test: Pass _____ Fail _____
Isoamyl Acetate Test: Pass _____ Fail _____

Employee _____

Signature:

Tester's Signature: _____

Date of Fit Testing: _____