

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 _____
Donning _____
Adjustment _____
Fit Check _____
Maintenance _____

Storage _____
Filter/Cartridge Changing _____
Eye Protection _____
Facepiece to Face Issues _____
Odor Threshold _____

Date Training Completed: _____

Date Fit Test Completed: _____

Employee Signature: _____

Fit Tester Signature: _____