

Date: \_\_\_\_\_ Test Conducted by: \_\_\_\_\_

Employee Name	Employee #	Job Title	Department

Respirator Selected:	Make	Model	Size
	<input type="checkbox"/> Other (Describe)		

Factors Affecting Fit (Check ones that apply)	Clean Shaven <input type="checkbox"/>	Scarring <input type="checkbox"/>	Beard Growth/Moustache <input type="checkbox"/>
	Dentures/teeth absent <input type="checkbox"/>	Glasses <input type="checkbox"/>	Other <input type="checkbox"/>

Test Method	Sensitivity Test
Bitrex Solution <input type="checkbox"/>	Pass <input type="checkbox"/>
Saccharin Solution <input type="checkbox"/>	Fail <input type="checkbox"/>
Irritant Smoke <input type="checkbox"/>	Number of Squeezes until taste: ≤ 10 <input type="checkbox"/> ≤ 20 <input type="checkbox"/> ≤ 30 <input type="checkbox"/>

Fit Test Procedure	Exercise	Pass	Fail
	1. Demonstrates pre-use inspection	<input type="checkbox"/>	<input type="checkbox"/>
	2. Demonstrates proper donning of respirator	<input type="checkbox"/>	<input type="checkbox"/>
	3. Positive Pressure Fit Check	<input type="checkbox"/>	<input type="checkbox"/>
	4. Negative Pressure Fit Check	<input type="checkbox"/>	<input type="checkbox"/>
	5. Breathe Normally	<input type="checkbox"/>	<input type="checkbox"/>
	6. Breathe Deeply	<input type="checkbox"/>	<input type="checkbox"/>
	7. Turn Head (side to side)	<input type="checkbox"/>	<input type="checkbox"/>
	8. Nod Head	<input type="checkbox"/>	<input type="checkbox"/>
	9. Recite Rainbow Passage (over)	<input type="checkbox"/>	<input type="checkbox"/>
	10. Bending at waist / run in place	<input type="checkbox"/>	<input type="checkbox"/>
	11. Demonstrates proper doffing of respirator	<input type="checkbox"/>	<input type="checkbox"/>
	12. Explains respirator cleaning procedures	<input type="checkbox"/>	<input type="checkbox"/>
	13. Demonstrates proper storage of respirator	<input type="checkbox"/>	<input type="checkbox"/>

FINAL TEST RESULT	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
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**CERTIFICATION**

The above respirator fit test was performed on and by the persons listed. The results indicate the performance of the listed respiratory protective device, as fitted on the employee named on this record under controlled conditions. Fit testing, as performed, measures the ability of the respiratory protective device to provide protection to the individual tested. Improper use, maintenance, or application of this or any other respiratory protective device will reduce or eliminate protection.

Employee Signature \_\_\_\_\_