**QUALITATIVE RESPIRATOR FIT TEST REPORT**

*Note: It is the responsibility of the employer to follow and comply with requirements for the written program, medical clearances, fit testing and training following 29CFR1910.134 (including appendix A and B1). It also is the responsibility of the employer to follow the recommendations of the manufacturer of the respirator and fit testing kits.*

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical evaluation current: Yes No

Respirator make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mask Size: S M L Cartridge type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Test Agent: [ ]  Irritant smoke (Stannic Chloride) [ ]  Banana oil (Isoamyl Acetate)

[ ]  Saccharin [ ]  Bitrex (Denatonium Benzoate)

Sensitivity check: [ ]  Irritant smoke [ ]  Banana oil

[ ]  Saccharin \_\_\_ squeezes [ ]  Bitrex (Denatonium Benzoate) \_\_\_ squeezes

*(Note: Bitrex/Saccharin: no eating/smoking/drinking within 15 minutes prior to test)*

Fitting: [ ]  Positive pressure seal check [ ]  Negative pressure seal check

[ ]  Appropriate PPE worn during the fit test procedure.

[ ]  The mask will be worn for 5 min. prior to the test.

[ ]  Facial hair cannot cross the seal of the facepiece.

Exercises: All exercises are 1 minute each

Normal breathing Deep breathing

Turning head side to side Moving head up and down

Talking/counting reciting Bending over or jogging

Normal breathing

Pass/Fail: [ ]  Pass [ ]  Fail

Subject’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tester’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_