**QUALITATIVE RESPIRATOR FIT TEST REPORT**

**Saccharin Only**

*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taste Threshold Screening: Response  Yes  No If yes, number of Squeezes: \_\_\_\_\_\_\_

*(Note: Use 10, 20, or 30 squeezes of Sensitivity Test Solution for Screening. Based on the number of squeezes of Sensitivity Test Solution used to obtain the initial response, then use ½ the number of squeezes each 30 seconds to maintain the proper concentration of Fit Test Solution in the hood).*

Positive pressure seal check

Negative pressure seal check

No eating, smoking or drinking within 15 minutes prior to test.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_