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