



Qualitative Respirator Fit Test Record

Company Name: _____ Location: _____

Employee Data:

Name: _____ ID #: _____

Department: _____ Job Title: _____

Prescription Glasses Required: ☐ Yes ☐ No Does Facial Hair Interfere with Seal: ☐ Yes ☐ No

Other PPE Worn: _____

Respirator Data:

Make/Model: _____ Type of Face piece: ☐ Half Face ☐ Full Face

Size: ☐ S ☐ M ☐ L ☐ One Size NIOSH Approval No.: _____

Fit Test:

Fit Test Solution: ☐ Saccharin ☐ Bitrex Sensitivity Test: ☐ Pass ☐ Fail

No. of Nebulizer Squeezes to Taste Threshold (T) (10, 20, 30) _____

Fit Test:

Normal Breathing ☐ Pass ☐ Fail Talking ☐ Pass ☐ Fail

Deep Breathing ☐ Pass ☐ Fail Bend Over ☐ Pass ☐ Fail

Head Side to Side ☐ Pass ☐ Fail Normal Breathing ☐ Pass ☐ Fail

Head Up and Down ☐ Pass ☐ Fail Overall Fit Test ☐ Pass ☐ Fail

The company listed on this form and the Test Conductor express or imply no guarantee that this or an identical respiratory protective device will provide adequate protection under conditions other than those present when this test was performed. Improper use, maintenance, or application of this or any other respiratory protective device will reduce or eliminate protection. Employee hereby acknowledges these terms and conditions.

Employee Signature: _____ Date: ____ / ____ / ____

Test Conducted By: _____

Test Conductor Signature: _____ Date: ____ / ____ / ____