

RESPIRATOR QUALITATIVE FIT TEST RECORD

TEST SUBJECT INFORMATION		
EMPLOYEE FULL NAME	DUTY STATION	
JOB TITLE	DEPARTMENT or BRANCH	DATE of TEST

QUALITATIVE TESTING AGENT SELECTION (select one)			
<input type="radio"/> BITREX™	<input type="radio"/> ISOAMYL ACETATE	<input type="radio"/> SODIUM SACCHARIN	<input type="radio"/> STANNIC CHLORIDE

RESPIRATOR SELECTION (select one)			
TYPE	MANUFACTURER	MODEL	SIZE
<input type="radio"/> AIR PURIFYING			
<input type="radio"/> ATMOSPHERE-SUPPLYING			
Fit test must be performed on the same make, model, and size of the respirator to be used. If the respirator is uncomfortable or does not fit properly, another respirator must be selected.			

PRE-TEST PROCEDURES	YES	NO
1. Test subject is medically cleared for the respirator Fit Test.	<input type="radio"/>	<input type="radio"/>
2. Test subject received a description of the Fit Test.	<input type="radio"/>	<input type="radio"/>
3. Test subject instructed on techniques to don, adjust and remove respirator.	<input type="radio"/>	<input type="radio"/>
4. Test subject selected the respirator with the most acceptable fit.	<input type="radio"/>	<input type="radio"/>
5. Test subject conducted a seal check.	<input type="radio"/>	<input type="radio"/>
6. Test subject assessed comfort with regard to size, positioning on the nose, face, and cheeks; room for corrective eye wear, and room to talk.	<input type="radio"/>	<input type="radio"/>
7. Test subject assessed fit with regard to placement of chin, fit across nose bridge, tendency to cling, strap tension and self observation in a mirror.	<input type="radio"/>	<input type="radio"/>
8. Test subject conducted positive and negative pressure checks.	<input type="radio"/>	<input type="radio"/>
9. Test subject wore respirator for five minutes prior to the test to assess comfort.	<input type="radio"/>	<input type="radio"/>
10. Test subject donned applicable safety equipment that could interfere with acceptable fit during normal respirator use (if applicable).	<input type="radio"/>	<input type="radio"/>

FIT TEST EXERCISES – Each test shall be performed for one full minute.	PASS	FAIL
1. Normal breathing in a normal standing position, without talking.	<input type="radio"/>	<input type="radio"/>
2. Deep breathing in a normal standing position, breathe slowly and deeply.	<input type="radio"/>	<input type="radio"/>
3. Turn head side to side while standing in place: Slowly turn head to extreme left position, inhale then exhale. Slowly turn head to extreme right position, inhale then exhale.	<input type="radio"/>	<input type="radio"/>
4. Move head up and down while standing in place: Slowly lower head to extreme low position, inhale then exhale. Slowly raise head to extreme high position, inhale then exhale.	<input type="radio"/>	<input type="radio"/>
5. Talk loudly and slowly, so to be heard by the test administrator.	<input type="radio"/>	<input type="radio"/>
6. Normal breathing in a bent over at the waist position, as if touching toes.	<input type="radio"/>	<input type="radio"/>
7. Normal breathing in a normal standing position, without talking.	<input type="radio"/>	<input type="radio"/>

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TEST ADMINISTRATOR INFORMATION	
NAME	TITLE
SIGNATURE	DATE

TEST VERIFICATION	YES	NO
1. Test administrator verified respirator comfort after each exercise.	<input type="radio"/>	<input type="radio"/>
2. Test subject completed test without making any adjustments to the respirator.	<input type="radio"/>	<input type="radio"/>
3. Test subject confirmed clothing did not interfere with acceptable fit.	<input type="radio"/>	<input type="radio"/>
4. Test subject did not detect testing agent odor at any time during the test.	<input type="radio"/>	<input type="radio"/>

FIT TEST RESULTS		
<input type="radio"/> PASSED - Respirator made a tight seal over a smooth face.		
<input type="radio"/> FAILED - Respirator failed to make a tight seal. (check all that apply)		
<input type="checkbox"/> Beard or Stubble Growth	<input type="checkbox"/> Mustache	<input type="checkbox"/> Sideburns
<input type="checkbox"/> Scar / Skin Condition	<input type="checkbox"/> Dental Condition	<input type="checkbox"/> Corrective Eyewear
<input type="checkbox"/> Other (describe)		

COMMENTS

TEST SUBJECT ACKNOWLEDGEMENT OF RESULTS	
SIGNATURE	DATE

DISCLAIMER

These procedures are in accordance with 29 CFR 1910.134, Appendix A. The above respirator fit test was performed on the test subject named, by the test administrator named. The results indicate the performance of the listed respiratory protective device under controlled conditions. The fit test measured the ability of the respiratory protective device to provide protection to the individual tested. Neither the test administrator nor the manufacturer of any equipment used, express or imply any 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 respiratory protection.