

Respirator Fit Test Record

Today's Date: \_\_\_\_\_

Next Fit Test Due Date: \_\_\_\_\_

A. Respirator Wearer Information

|                            |                                  |
|----------------------------|----------------------------------|
| <b>Name:</b>               |                                  |
| <b>Job Title:</b>          |                                  |
| <b>Department/College:</b> | <b>PI/Supervisor: (optional)</b> |
| <b>User Signature:</b>     |                                  |

Campus Location: \_\_\_\_\_

B. Respirator Type

| Manufacturer/Model  | Type | Size |
|---|------|------|
|   |      |      |
|   |      |      |
| Check here to assign loose fitting Powered Air Purifying Respirator (PAPR): |      |      |

Type of Filters/Cartridges Used: \_\_\_\_\_

C. Respiratory Hazards Encountered: \_\_\_\_\_

D. User Seal Checks Successfully Demonstrated:

Negative Pressure:      Yes      No

Positive Pressure:      Yes      No

E. Fit Test Hood Used:      Yes      No

F. Testing Material Used: Saccharin      Bitrex

Was testing material detected during the following activities?

| Activity                  | Yes | No |
|---------------------------|-----|----|
| Normal breathing          |     |    |
| Deep breathing            |     |    |
| Turning head side to side |     |    |
| Moving head up and down   |     |    |
| Talking                   |     |    |
| Smiling/Frowning          |     |    |

Was Employee instructed on the proper use, maintenance, storage, and cleanliness of the respirator?

Yes      No

Fit Test Results:

Pass      Fail      (Note: all activity results have to be "No" to pass)

Testing performed by:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_