

Qualitative Respirator Fit Test Record

Employee Information:

Name: _____ ID#: _____

Prescription Glasses Required:

Does Facial Hair Interfere with Seal:

Respirator Information:

Model: _____ Type of Respirator: _____ Size: _____

Taste Threshold Screening:

If the solution is not tasted after 30 squeezes, the employee cannot perform the fit test solution.

Sensitivity Solution:

Fit Test:

Fit Test Solution:

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

Normal Breathing

Talking

Deep Breathing

Bend Over/ Jog

Head Side to Side

Normal Breathing

Head Up and Down

Overall Fit Test

I have received the classroom portion of the Agency's Respiratory Protection Program. This training covered the use and limitations of the respirator; how to recognize medical signs and symptoms that may limit respirator use; how improper fit, use, cleaning and storage can compromise the protection provided by the respirator; how to properly put on and take off the respirator and perform respirator positive and negative seal checks. I agree to comply with all policies and procedures within and associated with the Respiratory Protection Program.

Fit Test Performed By: _____

Employee Signature: _____ Date: _____