

Respirator Fit Test and Training Record

Date: _____

Respirator User's Name/ phone: _____

Job Title/ Department: _____

Supervisor's Name/ phone: _____

Description of Inhalation Hazard: _____

Fit Test

Type of Respirator Selected: _____

Manufacturer of Respirator: _____

Model of Respirator Selected: _____ Size _____

Qualitative Protocol Used:	<u>Sensitivity</u>	<u>Results</u>	
_____ Isoamyl Acetate	Pass / Fail	Pass _____	Fail _____
_____ Saccharin	10 / 20 / 30	Pass _____	Fail _____
_____ Bitrex®	10 / 20 / 30	Pass _____	Fail _____
_____ Irritant smoke	Pass / Fail	Pass _____	Fail _____

NA Voluntary Use, App. D provided _____

Date Fit Test Completed: _____

Training

Limitations _____	Storage _____
Donning _____	Filter/Cartridge Changing _____
Adjustment _____	Eye Protection _____
Fit Check _____	Facepiece to Face Issues _____
Maintenance _____	Odor Threshold _____

NA Voluntary Use, App. D provided _____

Date Training Completed: _____

Employee Signature: _____

Fit Tester Signature: _____