

Sample Respirator Fit Test Record

Name: _____ Initials: _____

Type of qualitative fit test used: _____

Name of test operator: _____ Initials: _____

Date: _____

Respirator Mfr./Model	Size	Pass/Fail
1. _____	S M L	P F _____
2. _____	S M L	P F _____
3. _____	S M L	P F _____
4. _____	S M L	P F _____

Clean Shaven? Yes___ No___ (Fit-test cannot be performed unless clean-shaven)

Medical Evaluation Completed? Yes___ No___

NOTES: _____

