

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: \_\_\_\_\_