

RESPIRATOR FIT TEST RECORD

DATE: _____

SCHOOL DISTRICT: _____

EMPLOYEE: _____ JOB TITLE: _____

EMPLOYEE NO.: _____ LOCATION: _____

		MFR.	MODEL	SIZE
RESPIRATOR(S) SELECTED:	(1)	_____	_____	_____
	(2)	_____	_____	_____
	(3)	_____	_____	_____
	(4)	_____	_____	_____

ODOR SENSITIVITY TEST (CHECK) _____ 0.4 _____ 1.0 cc stock/500 cc water

TASTE SENSITIVITY TEST (CHECK) _____ 10 squeezes _____ 20 squeezes
 _____ 30 squeezes

CONDITIONS WHICH MAY AFFECT RESPIRATOR FIT TEST: (CHECK)

Beard Growth _____	Facial Hair _____	Eyeglasses _____
1 - 2 Days _____	Mustache _____	Dentures Absent _____
3 - 7 Days _____	Sideburns _____	Ruptured Ear Drum _____
Weeks _____	Wrinkles _____	Other (Describe) _____

RESPIRATOR FIT TEST PERFORMED:

POSITIVE PRESSURE
 NEGATIVE PRESSURE
 ISOAMYL ACETATE
 SACCHARIN
 IRRITANT SMOKE

RESPIRATOR			
1	2	3	4

(P=Passed, F=Failed, N=Not Run)

		MFR.	MODEL	SIZE
RESPIRATOR(S) SELECTED:	(1)	_____	_____	_____
	(2)	_____	_____	_____

PRESCRIPTION EYEGLOSS ADAPTER REQUIRED FOR FULL FACEPIECE? ___ YES ___ NO

COMMENTS: _____

EMPLOYEE SIGNATURE: _____ **TEST ADMINISTERED BY:** _____

This respirator shall not be worn until personnel is medically certified to do so.