RESPIRATOR FIT TEST RECORD

Employee Name:

 LAST FIRST Ml

Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Title**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medically cleared: ❒ Yes ❒ No Annual Training: ❒ Yes ❒ No

Respirator Manufacturer: \_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size: \_\_\_\_\_\_\_\_\_

Qualitative Fit Test (QLFT)

|  |
| --- |
| **Qualitative Fit Test Results:** |
| **Solution Used** | **Sensitivity/Threshold**(circle # of squeezes) | **Results of Fit Test** |
| ❒ Bitrex® | 10, 20, 30, or failed | ❒ Passed / ❒ Failed |
| ❒ Saccharin  | 10, 20, 30, or failed | ❒ Passed / ❒ Failed |

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_

Fit Tester Name Fit Tester Signature Date