

# Sample Qualitative Fit Test Record

Employee Name \_\_\_\_\_ Date of Fit Test \_\_\_\_\_

Employee ID \_\_\_\_\_ Department \_\_\_\_\_

Fit Test Operator \_\_\_\_\_ Fit Test Provider \_\_\_\_\_

Previous Fit Test Date \_\_\_\_\_ Previous Fit Test Respirator Selection \_\_\_\_\_

## Medical Screen completed

Yes \_\_\_ proceed to test

No \_\_\_ refer to supervisor

## Did test subject eat/drink/smoke in the past 30 minutes?

No \_\_\_ proceed to test

Yes \_\_\_ delay test for 30 minutes

## Is test subject clean-shaven?

Yes \_\_\_ proceed to test

No \_\_\_ refer to supervisor

## Did test subject bring any additional head-worn PPE?

Yes \_\_\_ what PPE \_\_\_\_\_ proceed to test

No \_\_\_ obtain PPE before proceeding to test

N/A \_\_\_

**Did test subject demonstrate correct donning of respirator?** Yes (proceed to test) No (see notes)

**Did test subject complete five-minute comfort assessment?** Yes (proceed to test) No (see notes)

Notes:

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

**Test Protocol used** \_\_\_\_\_ **Challenge Agent used** Saccarin Bitrex

**Fit Factor Required** \_\_\_\_\_ **Test Result** Pass (complete form) Fail (see notes)

**Notes** (Test operator should record reason for test failure, number of attempts, types of respirators tested)

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

**Respirator Information (record one or more passed fit tests)**

**Manufacturer** \_\_\_\_\_ **Item name/number** \_\_\_\_\_

**Style** Reusable half mask    PAPR    Full Face Mask    Filtering Face Piece

**Size** ex-small    small    regular    large    ex-large    one size

**Comfort of fit (scale of 1-10, 10 being best)** 1 2 3 4 5 6 7 8 9 10

**Manufacturer** \_\_\_\_\_ **Item name/number** \_\_\_\_\_

**Style** Reusable half mask    PAPR (convert to neg. pressure mode)    Filtering Face Piece

**Size** ex-small    small    regular    large    ex-large    one size

**Comfort of fit (scale of 1-10, 10 being best)** 1 2 3 4 5 6 7 8 9 10

**RPE Issued** Yes (identifier) \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**Additional information (headworn PPE, distinct characteristics or issues for consideration)**

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**Fit Test Operator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_