

QUALITATIVE FIT-TEST DOCUMENTATION

For each respirator fit testing, the following information must be retained by the command: name of individual and date fit-tested; respirator manufacturer, model, and size; and results of respirator fit-test. This information shall be retained as long as the individual is at the command. The information may be collected on the form shown below or in an equivalent format that contains the same data.

Date: _____							
Name: _____							
Respirator Brand And Model	Fullface	½ Face	Size			Respirator Fit	
			<u>S</u>	<u>M</u>	<u>L</u>	<u>Yes</u>	<u>No</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Person Conducting Fit Test: _____							
Organization: _____				Title: _____			
Type of Fit Test:	_____ Banana Oil	_____ Saccharin					
	_____ Bitrex	_____ Other: _____					