

# RESPIRATORY FIT TEST RECORD – QUALITATIVE FORM

Respirator User: \_\_\_\_\_ netID: \_\_\_\_\_

Department: \_\_\_\_\_ Group: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Qualitative Testing Agent Selection (select one)

Bitrex™

Isoamyl Acetate

Sodium Saccharin

Stannic Chloride

## Respirator Selection

Type	Manufacturer	Model	Size
Air-Purifying Atmosphere-Supplying			

Fit test must be performed on the same make, model, and size of the respirator to be used.

If the respirator is uncomfortable or does not fit properly, another respirator must be selected.

## Pre-Test Procedures

**Yes**

**No**

1. Individual is medically cleared for the respirator fit test.
2. Individual received a description of the fit test.
3. Individual instructed on techniques to don, adjust and remove respirator.
4. Individual selected the respirator with the most acceptable fit.
5. Individual conducted a seal check.
6. Individual assessed comfort with regard to size, positioning on the nose, face, and cheeks; room for corrective eye wear, and room to talk.
7. Individual assessed fit with regard to placement of chin, fit across nose bridge, tendency to cling, strap tension and self-observation in a mirror.
8. Individual conducted positive and negative pressure check.
9. Individual wore respirator for 5 minutes prior to the test assess comfort.
10. Individual donned applicable safety equipment that could interfere with acceptable fit during normal respirator use (if applicable).

## Fit Test Exercises – each test will be performed for 1 full minute

**Yes**

**No**

1. Normal breathing in a normal standing position, without talking.
2. Deep breathing in a normal standing position, breathe slowly and deeply
3. Turn head side to side while standing in place:  
Slowly turn head to extreme left position, inhale then exhale.  
Slowly turn head to extreme right position, inhale then exhale.



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Fit Test Exercises – each test will be performed for 1 full minute	Yes	No
4. Move head up and down while standing in place: Slowly lower head to extreme low position, inhale then exhale. Slowly raise head to extreme high position, inhale then exhale		
5. Talk loudly and slowly, so to be by the test administrator.		
6. Normal breathing in a bent over at the waist position, as if touching toes.		
7. Normal breathing in a normal standing position, without talking.		

## Test Administrator Information

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Test Verification	Yes	No
1. Test administrator verified respirator comfort after each exercise.		
2. Individual completed test without making any adjustments to the respirator.		
3. Individual confirmed clothing did not interfere with acceptable fit.		
4. Individual did not detect testing agent odor at any time during the test.		

Fit Test Results	Yes	No
PASSED – Respirator made a tight seal over a smooth face.		
FAILED – Respirator failed to make a tight seal. (check all that apply).		
Beard or Stubble Growth		
Mustache		
Sideburn		
Scar/Skin Condition		
Dental Condition		
Corrective Eyewear		
Other (describe): _____		

**Comments:**

## Respirator User Acknowledgement of Results

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Disclaimer:** These procedures are in accordance with regulatory requirements. The above respirator fit test was performed on the individual named, by the test administrator named. The results indicate the performance of the listed respiratory protective device under controlled conditions. The fit test measured the ability of the respiratory protective device to provide protection to the individual tested. Neither the test administrator nor the manufacturer of any equipment used, express or imply any guarantee that this or an identical respiratory protective device will provide adequate protection under conditions other than those present when this test was performed. Improper use, maintenance, or application of this or any other respiratory protective device will reduce or eliminate respiratory protection.

