

Respirator Fit Test Record

Today's Date: _____

Next Fit Test Due Date: _____

A. Respirator Wearer Information

Name:	
Job Title:	
Department/College:	PI/Supervisor: (optional)
User Signature:	

Campus Location: _____

B. Respirator Type

Manufacturer/Model	Type	Size
Check here to assign loose fitting Powered Air Purifying Respirator (PAPR):		

Type of Filters/Cartridges Used: _____

C. Respiratory Hazards Encountered: _____

D. User Seal Checks Successfully Demonstrated:

Negative Pressure: Yes No

Positive Pressure: Yes No

E. Fit Test Hood Used: Yes No

F. Testing Material Used: Saccharin Bitrex

Was testing material detected during the following activities?

Activity	Yes	No
Normal breathing		
Deep breathing		
Turning head side to side		
Moving head up and down		
Talking		
Smiling/Frowning		

Was Employee instructed on the proper use, maintenance, storage, and cleanliness of the respirator?

Yes No

Fit Test Results:

Pass Fail (Note: all activity results have to be "No" to pass)

Testing performed by:

Printed Name: _____ Signature: _____