

Fit Test Record Form
Revised Worker Protection Standard
40 CFR 170.507(b)(10)

Full Name of Handler:						
Respirator Tested	Test 1		Test 2		Test 3	
Manufacturer						
Type/facepiece <i>(check type)</i>	<input type="radio"/> Filtering Facepiece Respirator (FFR) <input type="radio"/> Half Facepiece Respirator <input type="radio"/> Full Facepiece Respirator <input type="radio"/> Gas Mask	<input type="radio"/> Filtering Facepiece Respirator (FFR) <input type="radio"/> Half Facepiece Respirator <input type="radio"/> Full Facepiece <input type="radio"/> Gas Mask	<input type="radio"/> Filtering Facepiece Respirator (FFR) <input type="radio"/> Half Facepiece Respirator <input type="radio"/> Full Facepiece <input type="radio"/> Gas Mask	<input type="radio"/> Filtering Facepiece Respirator (FFR) <input type="radio"/> Half Facepiece Respirator <input type="radio"/> Full Facepiece Respirator <input type="radio"/> Gas Mask		
Model name/number						
Size (S, M, L)						
NIOSH Approval No.						
Qualitative respirator fit testing						
Test agent used <i>(check one)</i>						
<i>Using particulate (N, R, P) filter</i>	<input type="radio"/> Bitrex™ <input type="radio"/> Irritant smoke <input type="radio"/> Saccharin Mist	<input type="radio"/> Bitrex™ <input type="radio"/> Irritant smoke <input type="radio"/> Saccharin Mist	<input type="radio"/> Bitrex™ <input type="radio"/> Irritant smoke <input type="radio"/> Saccharin Mist	<input type="radio"/> Bitrex™ <input type="radio"/> Irritant smoke <input type="radio"/> Saccharin Mist		
<i>Using organic vapor cartridge/canister</i>	<input type="radio"/> Isoamyl acetate	<input type="radio"/> Isoamyl acetate	<input type="radio"/> Isoamyl acetate	<input type="radio"/> Isoamyl acetate		
Part 1: Sensitivity Threshold Testing (where N = number of squeezes needed till sense; if not detected, must use another test agent)						
<i>Check Test Result</i>	<input type="radio"/> N= 10 <input type="radio"/> N= 20 <input type="radio"/> N= 30 <input type="radio"/> Not detected	<input type="radio"/> N= 10 <input type="radio"/> N= 20 <input type="radio"/> N= 30 <input type="radio"/> Not detected	<input type="radio"/> N= 10 <input type="radio"/> N= 20 <input type="radio"/> N= 30 <input type="radio"/> Not detected	<input type="radio"/> N= 10 <input type="radio"/> N= 20 <input type="radio"/> N= 30 <input type="radio"/> Not detected		
Part 2: Test exercises: Don respirator w/ filter/cartridge/canister appropriate to test agent used. Adjust till seated on face. Record results below. P= pass; F= fail						
1. Initial fit OK?	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F
2. Positive pressure user seal check	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F
3. Negative pressure user seal check	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F
4. Exercise regime	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F
a. Normal breathing (1 min)	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F
b. Deep breathing (1 min)	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F
c. Turning head side to side (1 min)	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F
d. Moving head up & down (1 min)	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F
e. Reading (Rainbow Passage, etc)	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F
f. Bend over or jog in place (1 min)	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F
g. Normal breathing (1 min)	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F	<input type="radio"/> P	<input type="radio"/> F
Fit satisfactory?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Quantitative respirator fit testing						
Manufacturer of testing unit						
Model number						
Results achieved <i>(Attach strip chart/fit factor/etc.)</i>						
Fit satisfactory?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Respirator(s) selected for use	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Employee signature:						
Test performed by:					Date:	