



RESPIRATOR FIT TEST RECORD

NAME: _____
Please Print (Last) (First) (MI) Social Security Nr.

LOCATION: _____

RESPIRATOR TYPE:

DUST MASK HALF MASK FULL FACE SCBA AIR LINE
 OTHER: _____

Respirator Mfr: _____ Model: _____ Size: _____

Type of Agent Used for Test: _____

EMPLOYEE CERTIFICATION:

I have completed the OSHA/ WISHA Respirator Medical Evaluation Questionnaire truthfully to the best of my knowledge and conveyed it under separate cover to the designated licensed health care professional.

Employee Signature: _____ Date: _____

MEDICAL CERTIFICATION

See attached Medical respiratory compliance letter.

FIT TEST SEQUENCE:

- Inspect Respirator and Working Components
- Don Respirator and Adjust Straps
- Visual Check to Verify Air Tight Fit Around Facial Contours
- Conduct Positive and Negative Pressure Check
- Conduct Smoke Test (Pass if respirator wearer cannot detect smoke)
- Conduct orientation on fitting, care, use, capabilities and limitations of respirator.

FIT TEST RESULT: PASS FAIL

Test Operator Signature: _____ Date: _____

EMPLOYEE ACKNOWLEDGEMENT

I hereby acknowledge that I have been properly fit tested and instructed in proper use, capabilities, limitations, care, and maintenance of the above referenced respirator.

Employee Signature: _____ Date: _____