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| **QUALITATIVE FIT TEST RECORD FORM** |
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| Employee Name: | EMPLOYEE FIRST NAME + EMPLOYEE LAST NAME | Date of Birth: | EMPLOYEE DOB |
| Employee Number: | EMPLOYEE NUMBER | Job Title: | EMPLOYEE TITLE |
| Employer/Facility Name: | FACILITY NAME |
| Tester Name | TESTER NAME |

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| ***Sensitivity Check:*** |
| Saccharin: | # pumps for saccharin sensitivity, or “not sensitive” | Bitrex: | # pumps for Bitrex sensitivity, or “not sensitive” |
| N/A: Non Applicable |  |  |  |

Does the subject demonstrate sensitivity to the test solution? Yes No

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| ***Respirator Tested:*** |
| Type: | Respirator Type (all N95 for now) | Result: |  |
| Manufacturer: | Respirator Manufacturer |
| Model: | Respirator model # |
| Size: | Respirator size (note N/A will = OSFA (one size fits all)) |

Does the test subject wear glasses? Yes No

Does the test subject have facial hair, dentures or other attributes that will prevent a positive face fit? Yes No

**Fit-Test Protocol**

Is the respirator compatible with eyeglasses? Yes No

Positive Pressure Fit Check (circle one) Pass / Fail / N/A

Negative Pressure Fit Check (circle one) Pass / Fail / N/A

(Perform each test for 60 seconds. If the test subject fails any portion of Test 1, remove and re-fit respirator, then perform Test 2)

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|  | **Test 1** | **Test 2** |
| Head Stationary Normal Breathing | Pass/Fail | Pass/Fail |
| Head Stationary Deep Breathing | Pass/Fail | Pass/Fail |
| Head Turning Side To Side | Pass/Fail | Pass/Fail |
| Head Moving Up and Down | Pass/Fail | Pass/Fail |
| Talking (recite Rainbow Passage) | Pass/Fail | Pass/Fail |
| Jogging in Place/Bending Over | Pass/Fail | Pass/Fail |
| Head Stationary Normal Breathing | Pass/Fail | Pass/Fail |

Based on information provided on this form and the responses given by the person during the fit test procedure, I certify that the person named has successfully passed a qualitative fit test for the respiratory protective equipment listed above.

Signature of Person Administering Test Date