



# Respirator Fit Test Record

A. Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
 Employee No: \_\_\_\_\_  
 Employee Job Title/Description: \_\_\_\_\_

B. Employer: \_\_\_\_\_  
 Location/Address: \_\_\_\_\_

C. Respirator Selected: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

D. Conditions which could affect respirator fit:

Clean shaven	<input type="checkbox"/>	Facial Scar	<input type="checkbox"/>
1 - 2 day beard growth	<input type="checkbox"/>	Dentures Absent	<input type="checkbox"/>
2+ days beard growth	<input type="checkbox"/>	Glasses	<input type="checkbox"/>
Moustache	<input type="checkbox"/>	None	<input type="checkbox"/>

Comments: \_\_\_\_\_

E. Fit Checks:

Negative Pressure	Pass: <input type="checkbox"/>	Fail: <input type="checkbox"/>	Not Done: <input type="checkbox"/>
Positive Pressure	Pass: <input type="checkbox"/>	Fail: <input type="checkbox"/>	Not Done: <input type="checkbox"/>

F. Fit Testing:

Quantitative	<input type="checkbox"/>	Fit Factor: _____												
Qualitative	<input type="checkbox"/>	<table border="0"> <tr> <td><u>Isoamyl Acetate</u></td> <td><u>Sweet</u></td> <td><u>Bitter</u></td> <td><u>Smoke</u></td> </tr> <tr> <td>Pass <input type="checkbox"/></td> <td>Pass <input type="checkbox"/></td> <td>Pass <input type="checkbox"/></td> <td>Pass <input type="checkbox"/></td> </tr> <tr> <td>Fail <input type="checkbox"/></td> <td>Fail <input type="checkbox"/></td> <td>Fail <input type="checkbox"/></td> <td>Fail <input type="checkbox"/></td> </tr> </table>	<u>Isoamyl Acetate</u>	<u>Sweet</u>	<u>Bitter</u>	<u>Smoke</u>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>
<u>Isoamyl Acetate</u>	<u>Sweet</u>	<u>Bitter</u>	<u>Smoke</u>											
Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>											
Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>											

Comments: \_\_\_\_\_

G. Employee acknowledgement of test results:

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

Test Conducted By: \_\_\_\_\_ Date: \_\_\_\_\_

### Disclaimer

The above respirator fit test was performed on and by the persons listed. The results indicate the performance of the listed respiratory protective device, as fitted on the employee named on this record under controlled conditions. Fit testing as performed measures the ability of the respiratory protective device to provide protection to the individual tested. Allegro Industries or the Test Conductor express or imply no 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 protection.

**Allegro® Industries**

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