

Filtering Facepiece Respirator Fit Test Record

Attention: A medical evaluation must be completed before fit-testing.

Date:

Name of employee:

Has this employee been medically cleared for filtering facepiece respirator use?
If not, then do not proceed with the fit test.

Yes ___ No ___

Is this employee clean shaven (i.e., no facial hair or stubble) in the mask-to-face seal area? If not then do not proceed with the fit test.

Yes ___ No ___

The employee was shown how to properly put on, seal check, and remove the respirator and was able to demonstrate this correctly. If not, provide additional instruction until the employee succeeds.

Yes ___ No ___

Fit-testing procedure/protocol used: Bitrex™ ___ Saccharin ___ Other:

Filtering Facepiece Make, Model, & Approval #	Size	Result: Pass or Fail? (circle one)
		P F
		P F
		P F

Person conducting this fit test:

NOTES: