Respirator Fit Test Form

This is a qualitative fit test. You will be exposed to a harmless irritant while standing under a fit test hood. The respirator you are wearing should remove the test agent from the air. If you cannot detect the odor, you will have a good fit.

Name of Person fit tested: ________________________________

Date fitted: __________________________________________

Type of Respirator being fitted:

__ 3M Model 9211
__ 3M Model 9210
__ Tecnol Fluidshield PFR95
__ 3M Model 1860
__ 3M Model 1870
__ Other _________________________

Conditions that could affect respirator fit:

__ Clean-shaven
__ 1-2 day beard growth
__ 2+ day beard growth
__ Moustache
__ Facial scar
__ Dentures absent
__ Glasses
Comments: ______________________________________________________________

________________________________________________________________________

Person performing fit test: ________________________________

I have read the material issued to me on how to clean, store, and inspect the respirator, and I am familiar with the conditions under which it should be used. I am familiar with the applicable OSHA standards, such as 29 CFR 1910.134 and others as appropriate. Since conditions vary greatly situation to situation, I will become informed about the contaminants that may be encountered which will require the use of my respirator.

___________________________________________              ________________
Signature of Person Fit Tested                                            Date

___________________________________________     ________________
Signature of Supervisor     Date