

RESPIRATOR FIT TEST RECORD

Company: _____

Address: _____

City: _____

State: _____ Zip: _____ Tel: _____

Date: _____

Fit testing conducted in compliance with OSHA Standard 1910.134(F).

If other local, state or federal regulations apply (such as MSHA), you may list them here:

Name of Fit Tester: _____

Signature: _____

Type of OSHA accepted fit test protocol used: (Qualitative): _____ Saccharin _____ Bitrex™ _____ Isoamyl Acetate _____ Irritant Smoke

(Quantitative): Portacount Model _____ Occupational Health Dynamic Model #: _____

Name (please print)	Signature	Date of Medical Clearance	Respirator Fit Tested (Make, Model, Style, Size) (Ex. 3M 6800, full-face, medium)	Fit Test		Could not be fit tested due to:
		Cleared with limitations (indicate Y-yes or N – no)		Pass	Fail	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

Comments: _____
