

# 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: \_\_\_\_\_  
 \_\_\_\_\_