

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
- Tecno 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