

## Qualitative Respirator Fit Test Record

Name of Employee/Applicant \_\_\_\_\_

Test date \_\_\_\_\_

Signature of Employee being tested \_\_\_\_\_

Employee ID Number \_\_\_\_\_

Specific Make, Style & Model # of

Full-face Respirator Make: \_\_\_\_\_ Style: \_\_\_\_\_ Model # \_\_\_\_\_

Mask Size (check one)

Small  Medium  Large  One Size Fits All

Results of Fit Test (check one)

Positive Seal?  Yes (Pass)  No (Fail)

Comments: \_\_\_\_\_

Printed Name of Test Administrator \_\_\_\_\_

Signature of Test Administrator \_\_\_\_\_

Name of Facility Administering Test \_\_\_\_\_

Address of Facility (City, State, Zip) \_\_\_\_\_

Facility Phone # \_\_\_\_\_

Updated 01/2022



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