

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

| Name (please print) | Signature | Respirator Fit Tested (Make, Model, Style, Size) | Fit Test | | Could not be fit tested due to: |
|------------------------|-----------|-----------------------------------------------------|--------------------------|--------------------------|------------------------------------|
| | | | Pass | Fail | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
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Comments: _____
