

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"/>	
			<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"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comments: _____
