**Respirator Fit Test Record**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name/ Signature Fit Test Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus/ College/ Department PSU ID No.

Approved Respirator Type Manufacturer Model Size

\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

**Fit Test Protocol (check as appropriate)**

\_\_\_\_\_ Bitrex Pass/ Fail \_\_\_\_\_ Irritant Smoke Pass/ Fail

\_\_\_\_\_ Saccharin Pass/ Fail \_\_\_\_\_ Banana Oil (Isoamyl acetate) Pass/ Fail

\_\_\_\_\_ Quantitative Fit Test (TSI PortaCount Plus)

**OSHA Fit Test Protocol Results**

Check as passed, indicate fit factor, or attach fit QNFT record.

Pass Fail QNFT Result Overall Results

\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Normal Breathing Pass \_\_\_\_\_\_\_\_\_

\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Deep Breathing

\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Head Side-to-Side

\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Head Up and Down

\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Talking (rainbow passage)

\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Bend at Waist

\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Normal Breathing

Conditions which may impact respirator use:

\_\_\_\_ Facial hair Employee is clean-shaven? Y N Employee must be clean-shaven for

\_\_\_\_ Facial scarring tight-fitting respirator fit test

\_\_\_\_ Corrective lenses, glasses

\_\_\_\_ Dentures, dental prosthetics

\_\_\_\_ Significant weight gain or loss

I hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee) has been properly fit tested on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), and that the above information is correct and accurate.

Fit Test Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Title)