

## **Qualitative Respirator Fit Test Record**

Company Name:	Location:				
Employee Data:					
Name:				_ ID #:	
Department:			Job Title:		
Prescription Glasses Required: • Yes • No Does Facial Hair Interfere with Seal: • Yes • No					
Other PPE Worn:					
Respirator Data:					
Model:		т	ype of Face piece:	) Half Fac	e 🔾 Full Face
Size: OS OM		ne Size NIOS	H Approval No.:		
and symptoms tha compromise the pro respin	t may limit otection pro	respirator use; ovided by the re	of the respirator; how how improper fit, use espirator; how to prop or positive and negativ	e, cleaning perly put on	and storage can and take off the
<u>Fit Test:</u>					
Fit Test Solution: O Saccharin O Bitrex Sensitivity Test: O Pass O Fail No. of Nebulizer Squeezes to Taste Threshold (T) (10, 20, 30)					
Fit Test:					
Normal Breathing	Pass	Fail	Talking	Pass	Fail
Deep Breathing	Pass	🔾 Fail	Bend Over/Jog	Pass	Fail
Head Side to Side	Pass	Fail	Normal Breathing	Pass	Fail
Head Up and Down	Pass	Fail	Overall Fit Test	Pass	Fail
Fit Test Performed B	By:				

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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