

Respirator Fit Test Form

4078

For additional record-keeping purposes, feel free to duplicate these forms.

Employee	Employee Number	Title	Date Issued
RESPIRATOR			
Brand and Model Number		Type	NIOSH Approval Number
<input type="checkbox"/> _____ <input type="checkbox"/> _____			
APPLICATION			
LIMITATIONS ___ Beard ___ Denture ___ Glasses ___ None			
Explain _____ _____			
FITTING		Instructions For Use—Reviewed:	
___ Satisfactory Qualitative Saccharin/Bitter Fit Test		___ Donning and Removal	
___ Satisfactory Positive Pressure Fit Check Test		___ Storage—Replacement Indicators	
___ Satisfactory Negative Pressure Fit Check Test			
Employee Signature			Date
Approval Signature			Date

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