**Respirator Fit Test Record**

**ABC Hospital**

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| **Date of Test** |  | |
| **Employee Name** |  | |
| **Employee ID** |  | |
| **Respirator Tested** | **Disposable**  **N95 P100** | **Reusable**  **Half face Full face** |
| **Brand/Model** |  | |
| **Size** | **XS S M L XL LP N/A** | |
| **Type of Fit Test** | **Saccharin Bitrex Quantitative\*** | |
| **Taste Threshold – if qualitative test** | **10 20 30 >30 – cannot taste** | |
| **Pass?** | **Y N Not Performed due to:**  **No Taste Facial Hair Other** | |
| **Person Performing Fit Test** |  | |

**\*If quantitative test performed, attach strip chart or printout of results.**