**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 PerformingFit Test** |  |

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