

Employee Fit Test Record

Name:		Date:	
Facility:			
Dept:			

To be completed by employee after fit test:

I have been trained to seal check this respirator.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
I have been trained to properly store this respirator.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
I agree to only use the respirator that was approved for me today.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Employee signature: _____

Sensitivity Solution threshold number: _____ (Circle one: Bitrex or Saccharin)

To be completed by trainer after fit test:

The above employee has been successfully fit tested using a qualitative fit test method on the following respirator:

Brand: _____

Model: _____

Size of respirator: _____

Trainer Signature: _____

Date: _____