

Worker's name: _____	Date: _____
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**Does the worker use or have:**

- Eyeglasses     
  Facial Hair     
  Dentures

- Other items that may interfere with the respirator seal

please specify: \_\_\_\_\_

If yes to any of the above, discuss how the respirator seal will be affected. Workers must be clean-shaven where the respirator seals with the face.

**Does the worker have any medical concerns about wearing a respirator?**

- Yes     
  No

If yes, refer worker for a medical assessment.

**FIT TEST PROCEDURE**

**Check when worker has completed successfully:**

- Correct positioning of respirator and strap adjustment  
 Negative- or positive-pressure user seal check

**Qualitative fit tested using:**

- Bitter     
  Sweet     
  Other \_\_\_\_\_

- Pass     
  Fail     
 Reason for fail: \_\_\_\_\_

**RESPIRATOR(S) FIT TESTED**

make | model | size \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

make | model | size \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Fit tested by: \_\_\_\_\_

Next fit test date: \_\_\_\_\_

*Fit testing must be completed annually to ensure that a proper face seal is maintained.*

Comments