

Respirator Fit Test



Worker _____ ID _____

Organization _____

RESPIRATOR

Manuf. _____ Model _____ S M L

The worker has passed a qualitative fit test using the respirator above.

Test Date _____ Expiry _____

Fit Tester _____

Signature _____

If you experience any change that may impact the effectiveness of your respirator (i.e. significant weight gain or loss, change of facial structure, or a need to use a different respirator model or size) you must be fit tested again, immediately).

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