

RESPIRATOR FIT TEST RECORD

Company: _____
Address: _____
City: _____
State: _____ Zip: _____ Tel: _____

Date: _____

Fit testing conducted in compliance with OSHA Standard 1910.134(F). ☐
If other local, state or federal regulations apply (such as MSHA), you may list them here:

Name of Fit Tester: _____
Signature: _____

Type of OSHA accepted fit test protocol used: (Qualitative): ____Saccharin ____Bitrex™ ____Isoamyl Acetate ____Irritant Smoke
(Quantitative): Portacount Model # _____ Occupational Health Dynamic Model #: _____

Name (please print)	Signature	Respirator Fit Tested (Make, Model, Style, Size)	Fit Test		Could not be fit tested due to:
			Pass	Fail	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comments: _____
