VUL-FRM-08-04-Fit Test Record

Worker Name:		**Date of Test:**	
Worker Company:		**Worker Position:**	
Tester Name:		**Tester Company:**	

Regular wearing of a tight-fitting respirator may impose an extra burden on cardiac and respiratory systems. A person with disorders in these areas should be medically assessed.
Do you have any respiratory/medical concerns regarding fit testing or wearing of a respirator? ☐ Yes ☐ No Details if Yes:

Factor that may affect respirator fit:	☐Facial Hair ☐Facial Scar ☐Dentures Absent ☐Glasses ☐Other _____
Respirator Make / Model:	
Face Piece Size:	☐Small ☐Medium ☐Large

Sensitivity Test completed:	☐ Yes ☐ No	**Test squeezes per exercise:**	☐ 10 ☐ 20 ☐ 30

Exercise	**Solution Detected?**
1. Normal Breathing	☐ Yes ☐ No
2. Deep Breathing	☐ Yes ☐ No
3. Turn head side to side	☐ Yes ☐ No
4. Move head up and down	☐ Yes ☐ No
5. Bending over	☐ Yes ☐ No
6. Talking	☐ Yes ☐ No
7. Normal Breathing	☐ Yes ☐ No

TEST RESULT:	☐ **PASS** ☐ **FAIL**

Comments:	

I have been instructed in the proper use of the abovementioned respirator.
I will follow all procedures, instructions and warnings when wearing this type of respirator.
I will advise my supervisor of any changes (facial hair, respirator type) and complete additional testing if required.

Worker: _____ Signature: _____ Date: / /

Tester: _____ Signature: _____ Date: / /