THE CHURCH OF
JESUS CHRIST
OF LATTER-DAY SAINTS

Respirator Fit Test Record

Employee's name	Date
Work location	

Respirator Information

Type	Manufacturer
Size	Approval number

Test Method

☐ Qualitative fit test method ☐ Quantitative fit test method	Fit test method	Quantitative fit test model number

Test Checklist

- ☐ Employee wears respirator for 10 minutes
- ☐ Tester reviews protocol with employee
- ☐ Employee performs positive and negative pressure test

Employee performs the following exercises:

- ☐ Breathes normally
- ☐ Breathes deeply
- ☐ Turns head from side to side and inhales on each side
- ☐ Nods head up and down and inhales when head is up and when head is down
- ☐ Talks aloud for one minute
- ☐ Grimaces
- ☐ Bends over or jogs

Respirator can be properly fitted ☐ Yes ☐ No	Employee feels comfortable with respirator ☐ Yes ☐ No

Comments

Signature

Tester's name	Tester's signature	Date

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