

RESPIRATOR QUALITATIVE FIT TEST RECORD			
NAME	RATE	DATE	
WORK DESCRIPTION			
RESPIRATOR ISSUED			
TYPE	BRAND	MODEL	SIZE
CARTRIDGE		TC NUMBER	
FILTER		TC NUMBER	
TRAINING (Circle One)			
EVALUATION OF HAZARDS	<input type="checkbox"/> YES <input type="checkbox"/> NO	RESPIRATOR SELECTION	<input type="checkbox"/> YES <input type="checkbox"/> NO
CARTRIDGE/FILTER SELECTION	<input type="checkbox"/> YES <input type="checkbox"/> NO	LIMITATIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO
FITTING	<input type="checkbox"/> YES <input type="checkbox"/> NO	INSPECTION	<input type="checkbox"/> YES <input type="checkbox"/> NO
CLEANING	<input type="checkbox"/> YES <input type="checkbox"/> NO	STORAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO
FIT TESTING (Circle One)			
TEST METHOD	_____ IRRITANT SMOKE	_____ ISOAMYL ACETATE	
POSITIVE FIT CHECK	<input type="checkbox"/> YES <input type="checkbox"/> NO	NEGATIVE FIT CHECK	<input type="checkbox"/> YES <input type="checkbox"/> NO
NORMAL BREATHING	<input type="checkbox"/> YES <input type="checkbox"/> NO	DEEP BREATHING	<input type="checkbox"/> YES <input type="checkbox"/> NO
SIDE TO SIDE MOVEMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	UP AND DOWN MOVEMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
RAINBOW PASSAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
QUALIFICATIONS			
	CURRENT	NEXT	
DATE OF PHYSICAL			
TRAINING DATE			
FIT TEST			
MEMBER'S SIGNATURE:			
RPPM SIGNATURE:			
COMMENTS:			