



# Respirator Fit Test Record

A. Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
 Employee No: \_\_\_\_\_  
 Employee Job Title/Description: \_\_\_\_\_

B. Employer: \_\_\_\_\_  
 Location/Address: \_\_\_\_\_

C. Respirator Selected: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

D. Conditions which could affect respirator fit:  
 Clean shaven  Facial Scar   
 1 - 2 day beard growth  Dentures Absent   
 2+ days beard growth  Glasses   
 Moustache  None   
 Comments: \_\_\_\_\_

E. Fit Checks:  
 Negative Pressure Pass:  Fail:  Not Done:   
 Positive Pressure Pass:  Fail:  Not Done:

F. Fit Testing:  
 Quantitative  Fit Factor: \_\_\_\_\_  
 Qualitative  Isoamyl Acetate Sweet Bitter Smoke  
 Pass  Pass  Pass  Pass   
 Fail  Fail  Fail  Fail   
 Comments: \_\_\_\_\_

G. Employee acknowledgement of test results:  
 Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Test Conducted By: \_\_\_\_\_ Date: \_\_\_\_\_

### Disclaimer

The above respirator fit test was performed on and by the persons listed. The results indicate the performance of the listed respiratory protective device, as fitted on the employee named on this record under controlled conditions. Fit testing as performed measures the ability of the respiratory protective device to provide protection to the individual tested. Allegro Industries or the Test Conductor express or imply no guarantee that this or an identical respiratory protective device will provide adequate protection under conditions other than those present when this test was performed. Improper use, maintenance, or application of this or any other respiratory protective device will reduce or eliminate protection.

**Allegro® Industries**

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