## Fit test record

Type of magninator	Molyo/model/sige	Eit footon/popults
Fit test method:		
Department:		
Job/Classification:		
Employee name:		
Date:		
Note: Fit Testing Procedures may	y be found in Appendix A, 437-0	004-1041.

Type of respirator	Make/model/size	Fit factor/results

Person performing the fit test:

Problems the employee has encountered with their respirators: