

## RESPIRATOR FIT TEST DATA COLLECTION FORM

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Mi)

Employee ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Years' Experience with Respirator: \_\_\_\_\_ Frequency of use: \_\_\_\_\_

Respirator Currently Using: \_\_\_\_\_

### SENSITIVITY TEST RESULTS:

Type of Test	Run and Passed	Run and Failed	Not Run
Irritant Smoke			
Isoamyl Acetate			

### QUALITATIVE TEST RESULTS:

Type of Test	Run and Passed	Run and Failed	Not Run
Positive Pressure			
Negative Pressure			
Isoamyl Acetate			
Irritant Smoke			

### RESPIRATOR SELECTION:

Type	Manufacturer	Model	Size	Pass	Fail

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Instructor's Signature (date) Employee's Signature (date)