**Fit test record**

Note: Fit Testing Procedures may be found in Appendix A, 437-004-1041.

Date:

Employee name:

Job/Classification:

Department:

Fit test method:

|  |  |  |
| --- | --- | --- |
| **Type of respirator** | **Make/model/size** | **Fit factor/results** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Person performing the fit test:

Problems the employee has encountered with their respirators: