

Respirator Fit Test Record

Fit testing conducted in compliance with OSHA Standard 1910.134(F). Yes/No _____

If other local, state, or federal regulations apply (such as MSHA), you may list them below:

Date:

Employee Name: _____

Employee Number: _____

Job Title/Description: _____

Employer Name: _____

Address: _____

Respirator Selected

Manufacturer: _____

Part/Model Number: _____

Conditions Which Could Affect Respirator Fit (check all that apply):

Clean Shaven _____ Mustache _____ Facial Scar _____

1-2 Day Beard Growth _____ Dentures Absent _____ Glasses _____

2+ More Days Beard Growth _____ None _____

Comments:

Fit Checks (check one from each section):

Negative Pressure Pass _____ Fail _____ Not Done _____

Positive Pressure Pass _____ Fail _____ Not Done _____

Fit Testing:

Quantitative Fit Factor: _____

Qualitative

Isoamyl Acetate Pass _____ Fail _____

Sweet Pass _____ Fail _____

Bitter Pass _____ Fail _____

Smoke Pass _____ Fail _____

Employee Acknowledgment of Test Results

Employee Signature: _____ Date: _____

Test Conducted By: _____ Date: _____

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 the controlled conditions. Fit testing as performed, measures the ability of the respiratory protective device to provide protection to the individual tested. Shawmut Corporation 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 will reduce or eliminate protection.

Shawmut Corporation

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