

Respirator Fit Test

Date: _____

Employee Name: _____

Department: _____

Type of Test: Qualitative _____ or Quantitative _____

Specific Respirator Fit Test

	Make	Model	Size	Date
Dust Mask:				
Half Mask Respirator:				
Full Face Respirator:				
Supplied Air Respirator:				

Medical Monitoring Date: _____

Date Tested

Pass or Fail
