Respirator Fit Test Record

A. Employee: ___________________________ Date: ___________
   Employee No: ___________________________
   Employee Job Title/Description: ___________________________

B. Employer: ___________________________
   Location/Address: ___________________________

C. Respirator Selected: ___________________________
   Manufacturer: ___________________________

D. Conditions which could affect respirator fit:
   Clean shaven ☐ Facial Scar ☐
   1 - 2 day beard growth ☐ Dentures Absent ☐
   2+ days beard growth ☐ Glasses ☐
   Moustache ☐ None ☐
   Comments: ___________________________

E. Fit Checks:
   Negative Pressure Pass: ☐ Fail: ☐ Not Done: ☐
   Positive Pressure Pass: ☐ Fail: ☐ Not Done: ☐

F. Fit Testing:
   Quantitative ☐ Qualitative ☐
   Fit Factor:
   Isoamyl Acetate
   Pass ☐ Fail ☐
   Sweet
   Pass ☐ Fail ☐
   Bitter
   Pass ☐ Fail ☐
   Smoke
   Pass ☐ Fail ☐
   Comments: ___________________________

G. Employee acknowledgement of test results:
   Employee Signature: ___________________________ Date: ___________
   Test Conducted By: ___________________________ Date: ___________

Disclaimer
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 controlled conditions. Fit testing as performed measures the ability of the respiratory protective device to provide protection to the individual tested. Allegro Industries 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 device will reduce or eliminate protection.

Allegro ® Industries
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