Qualitative Fit-Test

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Org./Div./Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Respirator Information:**

Manufacturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Size: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Seal Check:**

Positive-pressure test: Yes No

Negative-pressure test: Yes No

**Sensitivity Screening Check:** **Test Atmosphere:**

Irritating properties detected: Yes No Enclosure used: Yes No

**Test Exercises:**

|  |  |  |
| --- | --- | --- |
|  | **Isoamyl acetate** | **Stannic chloride** |
| **Normal breathing** | Pass Fail | Pass Fail |
| **Deep breathing** | Pass Fail | Pass Fail |
| **Side-to-side head movement** | Pass Fail | Pass Fail |
| **Up-and-down head movement** | Pass Fail | Pass Fail |
| **Vocalizing** | Pass Fail | Pass Fail |
| **Bending over/jogging** | Pass Fail | Pass Fail |
| **Normal breathing** | Pass Fail | Pass Fail |

|  |
| --- |
| Overall Test Results Pass Fail |

I certify that the above named individual has been trained and qualitatively fit-tested in accordance with the guidelines established in the EPA Respiratory Protection Order 1440.3 and OSHA 29 CFR 1910.134.

Examiner

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualitative Fit-Test

Name: Smith, Joe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Org./Div./Branch: ERRB/REGION 4

**Respirator Information:**

Manufacturer: \_\_\_\_\_\_Scott\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_AV-3000 Size: Medium \_\_\_\_\_\_\_\_\_\_\_\_\_

**Seal Check:**

Positive-pressure test: x-Yes No

Negative-pressure test: x-Yes No

**Sensitivity Screening Check:** **Test Atmosphere:**

Irritating properties detected: x-Yes No Enclosure used: Yes x-No

**Test Exercises:**

|  |  |  |
| --- | --- | --- |
|  | **Isoamyl acetate** | **Stannic chloride** |
| **Normal breathing** | Pass Fail | x-Pass Fail |
| **Deep breathing** | Pass Fail | x-Pass Fail |
| **Side-to-side head movement** | Pass Fail | x-Pass Fail |
| **Up-and-down head movement** | Pass Fail | x-Pass Fail |
| **Vocalizing** | Pass Fail | x-Pass Fail |
| **Bending over/jogging** | Pass Fail | x-Pass Fail |
| **Normal breathing** | Pass Fail | x-Pass Fail |

|  |
| --- |
| Overall Test Results x- Pass Fail |

I certify that the above named individual has been trained and qualitatively fit-tested in accordance with the guidelines established in the EPA Respiratory Protection Order 1440.3 and OSHA 29 CFR 1910.134.

Examiner

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: MM/DD/YYYY