



HSE PARTNERING  
SOLUTIONS

Respirator Fit Test Record

**Employee Name:** \_\_\_\_\_

Date of passed medical exam (mandatory pre-requisite): \_\_\_\_\_

Respirator physical restrictions: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_

**Reasons for being required to wear a respirator: (check all that apply)**

- Fiber exposure in furnace lining work (N, R or P100)
- Welding in confined spaces, with limited ventilation or on stainless steel. (P100)
- Sandblasting using small hand blaster in open room (Full face negative air respirator with cartridges) (sandblasting with positive air and helmet does not require fit testing).(not in blast room)
- Use of S.C.B.A. for Ammonia Emerg. Resp. (Full Face positive air)

**Types of respirator being used: (check all that apply)**

- Full-face tight fitting negative-air respirator     P100 Disposable half face filter     Full-Face S.C.B.A.
- Other (specify): \_\_\_\_\_

**Fit Testing Agent & pre-testing activities Information**

- Stannic Chloride (Tin Chloride) smoke tubes     Check Positive Sensitivity To smoke (mandatory)
- Local Ventillation system in Q.C. Room is on and functioning properly.
- Other (specify): \_\_\_\_\_

**Fit Test respirator training parameters:**

- Fit is proper for tension, chin location, nose bridge, and size     Fit-test explained fully
- Respirator has rigid container for storage(if rubber half/full face)     Cleaning process discussed
- Facial Hair discussed and acceptable     Other (specify): \_\_\_\_\_

Evaluator and/or Respirator user comments:

\_\_\_\_\_

\_\_\_\_\_

Respirator User Signature: \_\_\_\_\_ Date: \_\_\_\_\_