



Qualitative Respirator Fit Test Form

Name of Worker: _____ Company: _____

Phone Number: _____ Supervisor: _____

Age of Worker: _____ Date of Test: _____ Last test date _____

<p><u>Respirator used by worker:</u></p> <p>Make: _____</p> <p>Models: _____</p> <p>Sizes: _____</p> <p>New _____ Old _____ Age _____</p>	<p><u>Fit test Procedures:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Fit test conducted under CSA Standard Z94.4-02 <input type="checkbox"/> Past history of breathing difficulty <input type="checkbox"/> Worker is in good health <input type="checkbox"/> Condition of Mask <input type="checkbox"/> Is the mask comfortable to wear? <input type="checkbox"/> Comments _____ 		
<p><u>Does worker wear:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Corrective Lenses <input type="checkbox"/> Dentures <input type="checkbox"/> Facial Hair <input type="checkbox"/> Face jewelry <input type="checkbox"/> Other <p><u>If yes, discuss how these will influence the test</u></p>	<p><u>Test:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Normal breathing <input type="checkbox"/> Deep breathing <input type="checkbox"/> Turing head side to side <input type="checkbox"/> Nodding up and down <input type="checkbox"/> Talking (<i>rainbow passage</i>) <input type="checkbox"/> Normal breathing 		
<p><u>Discussion and Instructional with worker:</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <ul style="list-style-type: none"> <input type="checkbox"/> How the take apart a respirator <input type="checkbox"/> How to clean <input type="checkbox"/> Storage procedures <input type="checkbox"/> New filters <input type="checkbox"/> Nature of Substance <input type="checkbox"/> Safe Work Procedures <input type="checkbox"/> What to do if contaminated </td> <td style="width: 50%; vertical-align: top; border: none;"> <ul style="list-style-type: none"> <input type="checkbox"/> Self-check <input type="checkbox"/> Check position of mask on worker <input type="checkbox"/> Test will use _____ <input type="checkbox"/> Cartage used _____ <input type="checkbox"/> Other_ <input type="checkbox"/> Note _____ </td> </tr> </table>		<ul style="list-style-type: none"> <input type="checkbox"/> How the take apart a respirator <input type="checkbox"/> How to clean <input type="checkbox"/> Storage procedures <input type="checkbox"/> New filters <input type="checkbox"/> Nature of Substance <input type="checkbox"/> Safe Work Procedures <input type="checkbox"/> What to do if contaminated 	<ul style="list-style-type: none"> <input type="checkbox"/> Self-check <input type="checkbox"/> Check position of mask on worker <input type="checkbox"/> Test will use _____ <input type="checkbox"/> Cartage used _____ <input type="checkbox"/> Other_ <input type="checkbox"/> Note _____
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<p>I the undersigning person, have been instructed in the use, maintenance, and limitations of the Respirator in which I was Fit Tested for.</p> <p>_____</p> <p>Workers Signature. Print name below</p> <p>_____</p>	<p>This worker has been fit tested correctly and has</p> <p style="text-align: center;"><input type="checkbox"/> Passed <input type="checkbox"/> Failed</p> <p>_____</p> <p>Certified Fit Testers Signature</p>		
<p>New Fit Test Certification Number _____</p>			