



STATE OF WASHINGTON
MILITARY DEPARTMENT

QUALITATIVE RESPIRATOR FIT
TESTING RECORD

NAME	_____	DATE	_____
FACILITY / INSTITUTION	_____		
MAILING ADDRESS	_____		
CITY, STATE, ZIP CODE	_____		
SUPERVISOR'S NAME	_____		
DATE OF RESPIRATOR TRAINING	_____	INSTRUCTOR	_____

Date of **Physician or Licensed Healthcare Professional** recommendation indicating this individual is able to wear a respirator _____

Explain any limitations: _____

RESPIRATOR INFORMATION	Respirator Type / Manufacturer	_____	
	MODEL	_____	SIZE _____ NIOSH APPROVAL # _____

APPLICATION: (Check all that apply)

☐ Asbestos ☐ Plant Maintenance ☐ Confined Spaces ☐ Welding

WEARER'S ACTIONS / RESPONSES: (Initial each item completed)

_____ I have selected the most acceptable respirator	_____ I have received instruction in each of the following:
_____ The fit test procedures and test exercises have been explained and I understand the process.	_____ How to put on respirator _____ Positioning respirator on face
	_____ Setting strap tension _____ Determining acceptable fit

RESPIRATOR FIT CRITERIA

<input type="checkbox"/> Chin properly placed	<input type="checkbox"/> Adequate strap tension	<input type="checkbox"/> Fit across nose bridge	<input type="checkbox"/> Tendency of respirator to slip
<input type="checkbox"/> Proper size to span distance from nose to chin	<input type="checkbox"/> Self-observation in mirror to evaluate fit and position		

QUALITATIVE FIT TEST RESULTS

Positive pressure check	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory		
Negative pressure check	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory		
CHALLENGE AGENT(S) USED:	<input type="checkbox"/> Isoamyl Acetate	<input type="checkbox"/> Saccharin solution	<input type="checkbox"/> Bitrex	<input type="checkbox"/> Irritant smoke
CHALLENGE AGENT TEST	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory		
SUCCESSFULLY COMPLETED FIT TESTING	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

COMMENTS: _____

TEST CONDUCTED BY	
Print Name _____	Title _____
Signature _____	Date _____

Signature of Respirator Wearer _____ Date _____