

Respirator Fit Test Form

4078

For additional record-keeping purposes, feel free to duplicate these forms.

Employee	Employee Number	Title	Date Issued
RESPIRATOR			
Brand and Model Number	Type	NIOSH Approval Number	
<input type="checkbox"/> _____			
<input type="checkbox"/> _____			
APPLICATION			
LIMITATIONS ___ Beard ___ Denture ___ Glasses ___ None			
Explain _____ _____			
FITTING ___ Satisfactory Qualitative Saccharin/Bitter Fit Test Instructions For Use—Reviewed:			
___ Satisfactory Positive Pressure Fit Check Test ___ Donning and Removal			
___ Satisfactory Negative Pressure Fit Check Test ___ Storage—Replacement Indicators			
Employee Signature			Date
Approval Signature			Date

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