## RESPIRATOR FIT TEST RECORD

Employe	ee Name (Please Print):		<del></del>	SSN:
	. ,			
Job				
Title:				
Facial H	air? Describe			
. adiai i i	a			
Prescrip	tion Glasses Required: Ye	es No _		
Test 1:				
	or Manufacturer/Type/Mod	del/Size·		
. toopiiat	o. Manaradaron i yponino	. OILO.		
	Initial Fit Okay:	Pass	Fail	
	Negative Pressure Test:	Pass	Fail	
	Positive Pressure Test:	Pass	Fail	
	Irritant Smoke Test:	Pass	_ Fail	
	Isoamyl Acetate Test:	Pass	_ Fail	
Toct 2:				
<b>Test 2</b> : Respirat	or Manufacturer/Type/Mod	del/Size·		
. toopiiat	or manadatator, rypo/Mot	GO!/ OIZO.		
	Initial Fit Okay:	Pass	Fail	
	Negative Pressure Test:	Pass	Fail	
	Positive Pressure Test:	Pass	_ Fail	
	Irritant Smoke Test:	Pass	_ Fail	
	Isoamyl Acetate Test:	Pass	Fail	
Test 3:	NA 6 4 77 72	/0:		
kespirat	or Manufacturer/Type/Mod	del/Size:		
	Initial Fit Okay:	Pass	Fail	
	Negative Pressure Test:		Fail	
	Positive Pressure Test:	Pass	Fail	
	Irritant Smoke Test:			
	Isoamyl Acetate Test:	Pass	_ Fail	
Emplove	ee			

Signature:	
Tester's Signature:	 Date of Fit Testing: