

**APPENDIX E**    **Fit Test Report**

**Last Name:**

**First Name:**

ID number \_\_\_\_\_

Last Name \_\_\_\_\_

Company \_\_\_\_\_

Location \_\_\_\_\_

Test Date \_\_\_\_\_

Test Time \_\_\_\_\_

Due Date \_\_\_\_\_

Respirator \_\_\_\_\_

Manufacturer \_\_\_\_\_

Model \_\_\_\_\_

Mask Style \_\_\_\_\_

Mask Size \_\_\_\_\_

Approval \_\_\_\_\_

Exercise	Duration	Fit Factor	Pass
Normal Breathing			
Deep Breathing			
Head Side to Side			
Talking			
Grimace			
Bend and Touch Toes			
Normal Breathing			
Overall Fit Factor			

Fit Test Operator \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_