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: ________________