



# FOB - Respirator Fit Test Record

Function of Beauty Location: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ EHS Representative: \_\_\_\_\_

Type of OSHA accepted fit test protocol used:

**Qualitative Fit Test:** \_\_\_ Saccharin \_\_\_ Bitrex \_\_\_ Isoamyl Acetate \_\_\_ Irritant Smoke

Fit Test Kit Brand and Model: \_\_\_\_\_ Individual Sensitivity: \_\_\_\_\_ (10/20/30)

**Quantitative:** Portacount Model # \_\_\_\_\_ OH Dynamic Model # \_\_\_\_\_

Respirator Type (Make and Model): \_\_\_\_\_

Medical Clearance Completed? \_\_\_ Yes \_\_\_ No

Respirator Compatible with eyeglasses? \_\_\_ Yes \_\_\_ No

Positive Pressure fit check? \_\_\_ Pass \_\_\_ Fail

Negative Pressure fit check? \_\_\_ Pass \_\_\_ Fail

	<b>Qualitative Fit Test Action</b>		<b>Quantitative Fit Test</b>
Head Stationary Normal Breathing (60 seconds)?	___ Pass	___ Fail	___ Fit Factor
Head Stationary Deep Breathing (60 Seconds)?	___ Pass	___ Fail	___ Fit Factor
Head Turning Side To Side (60 Seconds?)	___ Pass	___ Fail	___ Fit Factor
Head moving Up and Down (60 Seconds?)	___ Pass	___ Fail	___ Fit Factor
Talking (recite Rainbow Passage Or count backwards)?	___ Pass	___ Fail	___ Fit Factor
Bending Over (60 Seconds?)	___ Pass	___ Fail	___ Fit Factor
Respirator Fit Test Result?	___ Pass	___ Fail	___ Fit Factor (Total)

Based on the information provided on this form, I certify that the employee named on this form can wear the respiratory protective equipment listed above.

Name of Fit Tester: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_