

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 _____