## RESPIRATOR FIT TEST RECORD

**Company:**

**Address:**

**City:**

**State:**

**Zip:**

**Tel:**

**Name of Fit Tester:**

**Signature:**

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**Date:**

Fit testing conducted in compliance with OSHA Standard 1910.134(F).

If other local, state or federal regulations apply (such as MSHA), you may list them here:

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**Company:**

**Address:**

**City:**

**State:**

**Zip:**

**Tel:**

**Name of Fit Tester:**

**Signature:**

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**Type of OSHA accepted fit test protocol used:**

(Qualitative): _____ Saccharin _____ Bitrex™  _____ Isoamyl Acetate   _____ Irritant Smoke

(Quantitative): Portacount Model ___________ Occupational Health Dynamic Model #: ___________

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<table>
<thead>
<tr>
<th>Name (please print)</th>
<th>Signature</th>
<th>Date of Medical Clearance</th>
<th>Respirator Fit Tested (Make, Model, Style, Size)</th>
<th>Fit Test Pass</th>
<th>Fail</th>
<th>Could not be fit tested due to:</th>
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<td>(Ex. 3M 6800, full-face, medium)</td>
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Comments:___________________________________________________________________________________________________________
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