

# Respirator Fit Test Record for

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(Company/Organization Name)

ID Number: \_\_\_\_\_ Date of Test: \_\_\_\_\_

Employee Last Name: \_\_\_\_\_

Employee First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Trainer: \_\_\_\_\_

Respirator Name: \_\_\_\_\_ Size/Type: \_\_\_\_\_

Tests Used: 

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*(This form provides a basic example of the information that may be recorded on a fit test record. Other data recording methods that record the same basic information are acceptable.)*