

# Respirator Fit Test Form

4078

For additional record-keeping purposes, feel free to duplicate these forms.

Employee	Employee Number	Title	Date Issued
<b>RESPIRATOR</b>			
Brand and Model Number		Type	NIOSH Approval Number
<input type="checkbox"/> _____ <input type="checkbox"/> _____			
<b>APPLICATION</b>			
<b>LIMITATIONS</b> ___ Beard      ___ Denture      ___ Glasses      ___ None			
Explain _____ _____			
<b>FITTING</b>			
___ Satisfactory Qualitative Saccharin/Bitter Fit Test		Instructions For Use—Reviewed:	
___ Satisfactory Positive Pressure Fit Check Test		___ Donning and Removal	
___ Satisfactory Negative Pressure Fit Check Test		___ Storage—Replacement Indicators	
Employee Signature			Date
Approval Signature			Date

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