

Qualitative Respirator Fit Test Report

Name _____ MR# _____

Employer/Department _____ Date _____

Sensitivity Testing

- _____ Saccharin sensitivity testing completed requiring _____ squeezes of sensitivity test solution.
_____ Unable to detect saccharin.
_____ Unable to complete fit test due to interference of facial hair.
_____ Satisfactory fit check demonstrated.
-

Fit Test

The following one-minute exercises were completed:

Exercise	Pass	Fail
Normal Breathing	_____	_____
Deep Breathing	_____	_____
Head side-to-side	_____	_____
Head up and down	_____	_____
Talking	_____	_____
Normal Breathing	_____	_____

Respirator Brand/Model/Size Assigned

_____ 3M 1860 N95 Small _____ 3M 1860 N95 Reg Other _____

I attest to the above fit test results. No sweetness was detected during my fit test for the above respiratory protective equipment.

Testee's Signature _____ Date _____

Comments: _____

Technicians's Signature _____ Date _____