

# FIT TEST RECORD

EMPLOYEE NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

has been successfully fit tested using a fit test method of:

*Qualitative:*

*Irritant Smoke*

*Bitrex*

*Saccharin*

*Isoamyl Acetate*

on the following respirators:

*Type:* \_\_\_\_\_

*Model:* \_\_\_\_\_

*Size:* \_\_\_\_\_

*Fit Factor:*

*Pass*

*Fail*

as required by OSHA 29 CFR 1910.134 or CSA Z94.4-11

*List any additional PPE worn during the fit test:* \_\_\_\_\_

*List any restrictions:* \_\_\_\_\_

Fit Test Administrator: \_\_\_\_\_

Test Date: \_\_\_\_\_



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