

Respirator Fit Testing Record

Name:	Department:
Date:	Next test due:
Respirator model:	Size:
Manufacturer:	Half or full face:
Test used:	Tested by:
Does the employee require use of other PPE, such as safety glasses, goggles, etc. when wearing a respirator? YES NO	
If YES, what PPE?	Was PPE worn during testing? YES NO

As of today:	YES	NO
Are you currently under a physician's care for a respiratory, cardiovascular, or bronchial ailment?		
Do you currently have a sinus, nasal, or ear infection?		
Do you have an impaired immune system?		
Are you allergic to stannic chloride or any tin compounds?		

Tests	Check if passed or record Portacount score
Positive pressure fit	
Negative pressure fit	
Breathing normal	
Breathing deeply	
Turning head side to side slowly	
Nodding head up and down slowly	
Grimace	
Reading Rainbow Passage	
Jog in place	
Touch toes	
Breathing normal again	
Overall score (Portacount)	

Comments:

Employee signature _____

Date _____

Tester signature _____

Date _____