QUANTITATIVE RESPIRATOR FIT-TESTING RECORD

IDENTIFICATION

SUBJECT _____ ID_____ DATE_____DIV/SEC_____

MEDICAL APPROVAL DUE DATE_____ TRAINING DUE DATE_____

RESPIRATOR

GENERAL TYPE _____

MAKE _____ MODEL _____SIZE_____

CARTRIDGES ISSUED _____

SET UP

TEST OPERATOR_____ID_____

PARTICLE CHECK _____ ZERO CHECK _____ MAX. FF CHECK _____

TEST RESULTS

PARAMETER	RESULTS (Protection Factor)
OVERALL PROTECTION FACTOR NEEDED	
NORMAL BREATHING - INITIAL	
DEEP BREATHING	
TURNING HEAD FROM SIDE TO SIDE	
MOVING HEAD UP AND DOWN	
TALK LOUDLY (RAINBOW PASSAGE)	
GRIMACE *	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
TOUCH TOES	
NORMAL BREATHING FINAL	
OVERALL PROTECTION FACTOR	

Passed: YES _____ NO_____

COMMENTS: (Note why respirator issued, frequency of use, degree of exertion needed, and other information needed to evaluate situation)

TEST CONDUCTED USING TSI PORTACOUNT PRO+ (S/N 84017) CAL. DUE:

I certify that I have been trained in the use of respirators, I have been given a medical approval, and that I have been quantitatively fit tested _____ (EMPLOYEE SIGNATURE)

* Not included in the overall protection factor

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