H for your own use.

Respirator Fit Test Form

Here’s a Respirator Fit Test form from WorkSafeBC that you can adapt for your own use.

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| **Respirator Fit Test Form** | | | | | | | | | | | |
| Name of worker: | | | | | | | | | | Date: | |
| Does the worker wear/have: | | | | | | | | | | | |
|  |  | Eyeglasses | | | |  | Contact lenses | | | | |
|  |  | Dentures | | | |  | Facial hair | | | | |
| If yes to any of the above, discuss how the respirator seal will be affected (workers must be clean-shaven where the respirator seals with the face). Other comments regarding counselling on eyeglasses, dentures, contact lenses and facial hair: | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Does the worker have any medical concerns about wearing a respirator? | | | | | | | | | | | |
|  |  | Yes | | | |  | No | | | | |
| If yes, refer worker for a medical assessment. | | | | | | | | | | | |
| **Fit test procedure** | | | | | | | | | | | |
| Fit testing must be repeated annually to ensure that a proper face seal is maintained. | | | | | | | | | | | |
| Check when completed successfully: | | | |  | Correct positioning of respirator and strap adjustment | | | | | | |
|  | Negative- and positive-pressure user seal check | | | | | | |
|  | | | | | | | | | | | |
| Qualitative fit testing using: | | | |  | Irritant smoke with HEPA/organic vapour cartridges | | | | | | |
|  | Bitter aerosol with particulate filter | | | | | | |
|  | Isoamyl acetate (banana) oil with organic vapour cartridges | | | | | | |
|  |
|  | Saccharin with particulate filter | | | | | | |
|  | Other | | | | | | |
|  |  | | | | | | |
| Qualitative fit testing: | | | |  | Pass | | | | | | |
|  | Fail | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Quantitative fit testing: | | | |  | Pass | | | | | | |
|  | Fail | | | | | | |
|  | | | | | | | | | | | |
| **Respirator(s) fit tested by worker** | | | | | | | | | | | |
| When a worker wears different makes and models of respirators, fit testing must be done on each make and model of respirator and the results recorded. The worker should also wear all other required personal protective equipment, such as hearing and eye protection, while undergoing the test. | | | | | | | | | | | |
| Make/model/size | | |  | | | | |  | | |  |
| Make/model/size | | |  | | | | |  | | |  |
| Make/model/size | | |  | | | | |  | | |  |
| **Points discussed with the worker** | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  |  | Respirator selection | | | | | | | | | |
|  |  | Respirator limitations | | | | | | | | | |
|  |  | Storage and maintenance | | | | | | | | | |
|  |  | Cartridge dating, change frequency, and limitations | | | | | | | | | |
|  |  | Where to get replacement parts | | | | | | | | | |
|  |  |  | | | | | | | | | |
| Fit test date: | | | | | | | | | Next fit test date: | | |
| Fit tested by: | | | | | | | | | | | |
| Comments: | | | | | | | | | | | |
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