

Documentation of Qualitative Fit Test (QLFT) or Quantitative Fit Test (QNFT)

Part 1 is to be filled out by the employee. Part 2, 3, and 4 are to be filled out by the fit test administrator.

1. Employee Information	
Name (print):	Employer:
Last 4 Numbers of SSN#	Date of Fit-Test:

2. Fit Test Information	
Type of Fit Test: Qualitative: <input type="checkbox"/> Quantitative: <input type="checkbox"/>	Fit Test Protocol: Portacount: <input type="checkbox"/> Isoamyl Acetate: <input type="checkbox"/> Saccharin: <input type="checkbox"/> Irritant Smoke: <input type="checkbox"/> Bitrex: <input type="checkbox"/> Other: _____

3. Respirator Information	
Manufacturer: 3M: <input type="checkbox"/> MSA: <input type="checkbox"/> North: <input type="checkbox"/> Other: _____	Type of Respirator: Half Face: <input type="checkbox"/> Full Face: <input type="checkbox"/> SCBA: <input type="checkbox"/> PAPR: <input type="checkbox"/> Filtering Facepiece: <input type="checkbox"/>
Size of Respirator:	Model/Style:

4. Result of Fit Test	
Result: Pass: <input type="checkbox"/> Fail: <input type="checkbox"/>	Fit Factor (QNFT only):
Number of Squeezes to Elicit Response (QLFT only): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/>	Sensitivity Test (QLFT): Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Employee Signature: _____ Date: _____

Fit Test Administrator: _____ Date: _____
 (please print)