

## FIT TEST FORM

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Qualitative Fit Test Procedure

Check when completed successfully:

- |  |  |
|--|--|
| <input type="checkbox"/> Fit Test is done in accordance to CSA Standard Z94.4-1B         | <input type="checkbox"/> Sensitivity Test          |
| <input type="checkbox"/> Subject is wearing required PPE                                 | <input type="checkbox"/> Normal Breathing          |
| <input type="checkbox"/> Correct positioning of respirator and strap adjustment          | <input type="checkbox"/> Deep Breathing            |
| <input type="checkbox"/> Positive and negative pressure checks                           | <input type="checkbox"/> Turning Head side to side |
| <input type="checkbox"/> Irritant smoke test kit with AG/OV/P100 or Multigas /Vapor/P100 | <input type="checkbox"/> Nodding head up and down  |
| <input type="checkbox"/> Bitrex or Saccharin test kit                                    | <input type="checkbox"/> Talking out loud          |
| <input type="checkbox"/> Is the respirator mask comfortable to wear                      | <input type="checkbox"/> Bending at the waist      |
|  | <input type="checkbox"/> Normal Breathing          |
|  | <input type="checkbox"/> Sensitivity Test          |

**\*Exercises performed to a minimum of 30 seconds as per CSA Z94.4-18**

Comments: \_\_\_\_\_

### Respirator (s) fit - tested by worker.

When different makes and models of respirators are worn by a worker, fit-testing must be done on each make and model of respirator and the results recorded. Worker should wear all other personal protective equipment they require, such as hearing and eye protection, while undergoing the test.

1. Make/Model/Size \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
2. Make/Model/Size \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Points to discuss with worker:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Respirator Selection                              | <input type="checkbox"/> Where to Get Replacement Parts | <input type="checkbox"/> Storage and Maintenance |
| <input type="checkbox"/> Cartridge Dating, Change Frequency, & Limitations | <input type="checkbox"/> Respirator Limitations         |  |

Next Fit-Test Date: \_\_\_\_\_ Fit-Tested By: \_\_\_\_\_

I, the undersigned, have been fit-tested and counseled in the use, limitation and maintenance of the above noted respirator (s).

Worker's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**\*\*\* Fit testing must be repeated annually to insure a proper face seal is maintained. \*\*\***