

## Qualitative Respirator Fit-Test Form

1. \_\_\_\_\_  
Date Employee Name  
  
\_\_\_\_\_  
Signature
2. Respirator Selected:
  1. Manufacturer: \_\_\_\_\_
  2. Model \_\_\_\_\_
  3. Size: \_\_\_\_\_
  4. Approval Number: \_\_\_\_\_
3. Testing Agent:
  1. Isoamyl Acetate (Isopentyl Acetate): \_\_\_\_\_
  2. Sodium Saccharin Solution: \_\_\_\_\_
  3. Irritant Fume (Stannic Chloride): \_\_\_\_\_
  4. Other: \_\_\_\_\_
4. Date of Last Medical Exam (29 CFR § 1926.1101(m)): \_\_\_\_\_
5. Due Date for Next Fit-Test (Annually): \_\_\_\_\_
6. I have reviewed the Medical Examination Form (Form 4) of the person being Fit-Tested and it is current (Physical Exams are required annually). \_\_\_\_\_  
Initial
7. I attest that this *Qualitative Respirator Fit-Test* was performed in compliance with 29 CFR § 1926.1101, Appendix C (7-1-97 Edition) and Appendix A to 29 CFR 1910.134, as published in the January 8, 1998 Federal Register (63 FR 1276). \_\_\_\_\_  
Initial
8. Fit-Test Conductor Information:
  - A. Signature: \_\_\_\_\_
  - B. Printed/Typed Name: \_\_\_\_\_
  - C. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - D. Title: \_\_\_\_\_
  - E. Phone: \_\_\_\_\_
  - F. Email: \_\_\_\_\_