

Fit Test Evaluation and Education Form

Employee's Name
Employee's Department / ID#
Employee's Title
Date of Last Fit Test
Result of Last Fit Test
Today's Test Date
Test Administrator's Name

Type of Fit Test (circle): *Initial Fit Test* *Annual Fit Test* *New Model* *Requested*

Pre-Test Requirements (circle) [Exercise: Demonstrate respirators and discuss limitations](#)

Did the employee eat, drink, chew gum, etc. within the last 15 minutes?	Yes	No
Has the employee lost/gained 20 lbs. since the last fit test or recently?	Yes	No
Has the employee experienced significant facial scarring since last test or recently?	Yes	No
Has the employee recently had significant dental work?	Yes	No
Does the employee have facial hair that may affect the respirator seal?	Yes	No

Respirator Selection [Exercise: Assist employee with selection process](#)

Selection #1	Type: N95	Manufacturer: _____	Style/SKU: _____	Size: _____
Selection #2	Type: N95	Manufacturer: _____	Style/SKU: _____	Size: _____
Selection #3	Type: N95	Manufacturer: _____	Style/SKU: _____	Size: _____

Adequacy of Respirator Fit & Employee Knowledge [Exercise: Allow the employee 5 minutes to acclimate](#)

Room for the eye protection and other PPE?	Yes	No
Does mask fit across nose bridge?	Yes	No
Does mask reach from nose to cover chin?	Yes	No
Are straps positioned around lower neck and crown of head?	Yes	No
Does employee show proficiency with donning and doffing?	Yes	No
Does employee show proficiency with user seal checks?	Yes	No

Sensitivity Testing [Exercise: Put the hood on, no respirator, tongue exposed](#)

Could the subject taste the Bitrex or Saccharin solution?	Yes	No
Indicate the number of nebulizer squeezes needed:	x10_____	x20_____ x30_____

Testing Exercises [Exercise: Use same # of squeezes to start, then half every 30 seconds, 1 minute per exercise](#)

Normal breathing	Pass	Fail
Deep breathing	Pass	Fail
Turning head side to side	Pass	Fail
Turning head up and down	Pass	Fail
Bending at the waist and knees	Pass	Fail
Grimacing	Pass	Fail
Talking or Counting	Pass	Fail
Normal Breathing	Pass	Fail

Final Test Results **Pass** **Fail**

Employee's Signature: _____ Date: _____