

Respirator Fit Test Record

A.	Employee: Employee No:				Date: _		
	Employee Job Title/Desc	cription:					
В.	Employer:						<u> </u>
C.	Respirator Selected: Manufacturer:						
D.			irator fit: Facial Scar Dentures Absen Glasses None				
Ε.	Fit Checks: Negative Pressure Positive Pressure	Pass: Pass:	☐ Fail		Not Done: Not Done:		
F.	Fit Testing: Quantitative Qualitative	Fit Fact Isoamyl Pass Fail	or: Acetate	<u>Bitrex</u> Pass Fail		Smoke Pass Fail	
	Comments:						_
G.	Employee acknowledger	nent of te	st results:				
	Employee Signature:				_ Date: _		
	Test Conducted By:				Date: _		
			Disclaimer				

The above respirator fit test was performed on and by the persons listed. The results indicate the performance of the listed respiratory protective device, as fitted on the employee named on this record under controlled conditions. Fit testing as performed measures the ability of the respiratory protective device to provide protection to the individual tested. Allegro Industries or the Test Conductor express or imply no guarante e that this or an identical respiratory protective device will provide adequate protection under conditions other than those present when this test was p erformed. Improper use, maintenance, or application of this or any other respiratory protective device will reduce or eliminate protection.

Allegro ® Industries

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