|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Subject's Name:* |  |  | *Company:* |  |
| *Employee Number:* |  |  | *Department:* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Has the employee received respirator training?* |  | *YES* |  | *NO* |
|  | | | | |
| *Has the employee been medically cleared to use the respirator identified below?* |  | *YES* |  | *NO* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Type of Fit Test equipment used:* |  |  | *Irritant Fume* |  |  | *IsoAmyl Acetate* |
|  |  |  | *Saccharin* |  |  | *Bitrex* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Respirator Tested:* |  |  | *Small* |  |  | *XL* |
|  |  |  | *Medium* |  |  | *XXL* |
|  |  |  | *Large* |  |  |  |

*Test Results:*

*1. Facial Characteristic Assessment. Respirators with tight-fitting face pieces may not provide a satisfactory seal with individuals having beards, large side burns or other conditions such as missing dentures, etc. that could interfere with the ability of the respirator to attain an adequate seal. Individuals with this condition should not be tested. Did any conditions described above exist? (Check one)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *YES (Do not continue test. Automatic failure)* | */* |  | *NO. Continue with test.* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *2.* | *Sensitivity Test: (Check One):* |  | *Passed* |  | *Failed* |
| *3.* | *Fit Test: (Check One):* |  | *Passed* |  | *Failed* |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Respirator Assigned:* |  |  | *Spectacle Kit Required?* |  | *YES* |  | *NO* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Test Administrator Signature:* |  |  | *Date:* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Employee Signature:* |  |  | *Date:* |  |

**Safety Service by:**



This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_­ Has been trained in the use, limitations, and

maintenance of the following Respirator(s).

\_ Has passed a Qualitative Fit Test with the following Respirator(s). \_ **MSA** Ultra Twin \_ **MSA** Ultra Elite

\_ **MSA** Advantage 1000 \_ **MSA** Advantage 3000

\_ **MSA** Advantage 3200 \_ **MSA** Advantage 4000

\_ **North** 5400 Series \_ **North** 7600 Series

\_ **Scott** Scott-O-Vista \_ Sm \_ Med \_ Lg

\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ XL \_ XXL

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Test Date\_\_\_\_\_\_\_\_

Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7617 Freedom Way Fort Wayne, Indiana 46818