

PLU School of Nursing Respiratory Fit Test Record

Name (print): _____ Date: _____

Respirator Manufacturer: _____ Model: _____

Conditions that could affect the respirator fit:

- | | | |
|------------------------------------------|------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Clean Shaven | <input type="checkbox"/> 1-2 Days Beard Growth | <input type="checkbox"/> Facial Scar |
| <input type="checkbox"/> Dentures Absent | <input type="checkbox"/> 2+ Days Beard Growth | <input type="checkbox"/> Glasses |
| <input type="checkbox"/> Piercing(s) | <input type="checkbox"/> Moustache | <input type="checkbox"/> None |

Comments: _____

Seal Checks:

- | | | | |
|-------------------|-------------------------------|-------------------------------|-----------------------------------|
| Negative Pressure | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Not Done |
| Positive Pressure | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Not Done |

Qualitative Fit Testing (Bitrex): Pass Fail

Comments (if another test solution was used, please note it here):

Acknowledgement of test results:

Signature: _____ Date: _____

Test Conducted By (print): _____ Date: _____

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. There is no guarantee that this or an identical respiratory protective device will provide adequate protection under conditions other than those present when this test was performed. Improper use, maintenance, or application of this or any other respiratory protective device will reduce or eliminate protection.

Updated 4/22/2021