Qualitative Fit Test Report

Employee Name: 
Department: 
Company: 
Date of Test: 

Is the person clean shaven? 
Yes   No
Is the person medically fit? 
Yes   No
Is the person nil by mouth in the last 30 mins?  
Yes   No
Has the person smoked/vaped in the last 30 mins?  
Yes   No

Test conducted using: 
Sweet test solution  
Bitter test solution

SENsitivitY TEST: Please circle the sensitivity level, based on the outcome of your sensitivity test.

<table>
<thead>
<tr>
<th>No. of sensitivity sprays</th>
<th>First dose for fit test</th>
<th>Top up dose for fit test</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>11-20</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>21-30</td>
<td>30</td>
<td>15</td>
</tr>
</tbody>
</table>

No taste 
N/A - Repeat sensitivity test using alternative solution  
N/A - Repeat sensitivity test using alternative solution

Please identify what was used in your fit test:
Respirator
Make:        Model:
Other facial PPE worn ie: visor/glasses/hearing aids:
Make:       Model:

FIT TEST EXERCISES:  
Normal breathing
Deep breathing
Turning head side to side
Moving head up and down
Talking out loud - Rainbow Passage
Bending over
Normal breathing

Test result: 
Passed 1st time  
Passed 2nd time  
Failed 1st time  
Failed 2nd time

Employee Name:    Signature:    Date:
Tested by:       Signature:       Date: