



### Quantitative Respirator Fit-Testing Record

#### EMPLOYEE

Name  ID  Date  Div/Sec

Medical Approval Due Date  Training Due Date

#### RESPIRATOR

General Type  Make

Model  Size  Cartridges Issued

The respirator was checked and found to be in good working order and is being stored in a clean, sanitary condition.

#### TEST RESULTS

Parameter	RESULTS (Protection Factor)
OVERALL PROTECTION FACTOR NEEDED	<input type="text"/>
Normal Breathing - Initial	<input type="text"/>
Deep Breathing	<input type="text"/>
Head Side to Side	<input type="text"/>
Head Up and Down	<input type="text"/>
Talking Out Loud	<input type="text"/>
Grimace	N/A*
Bend and Touch Toes	<input type="text"/>
Normal Breathing	<input type="text"/>
<b>OVERALL PROTECTION FACTOR</b>	<input type="text"/>

#### SET UP

#### DAILY FIT CHECKS

Particle Check  Zero Check  Max FF. Check

Test Operator

Test conducted using TSI Portacount Pro +8038

Cal Due Date

\* Not Included in the overall protection factor

Passed?  Yes  No

**COMMENTS:** (Note why respirator issued, frequency of use, degree of exertion needed, and other information needed to evaluate situation)

I certify that I have been trained in the use of respirators, I have been given medical approval, and that I have been quantitatively fit tested.

Signature