

Qualitative Fit Test

Test Results Sheet

Date of test	
Company	
Name of candidate	
Date of Birth	
Make / Model of Mask	
Size of Mask	
Smoking / Eating / Drinking in past 15 mins?	
Facial hair in region of face seal?	
Any hard hat, goggles, glasses etc worn?	
Conduct Pre-use fit check	

Sensitivity Test Result: 10 20 30

Fit Test

Fit Test Exercise	Fit Test Result
Normal Breathing	
Deep Breathing	
Head Side to Side	
Head Up & Down	
Talking	
Bending	
Normal Breathing	
OVERALL RESULT	

Fit Test Operator:_____

Fit Test Candidate:_____