

Respirator Clearance and Fit Test Record

Name: _____

Facility: _____

Date of Medical Clearance: _____

Date of Fit Test: _____

Standards Followed: OSHA CFR 29 1910.134

Protocol Followed: Qualitative

Bitrex or Saccharin: _____

Respirator Type: _____

Respirator Usage Restrictions: _____

Respirator: Brand _____ Model _____ Size _____

Result (Pass/Fail): _____

Fit Factor: 100

Fit Test Performed By
