APPENDIX G: Place LHD Logo Here

Employee Fit Test Log

This record should be completed by the person conducting the fit testing.

Location of Fit Testing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Fit Tester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of OSHA Accepted Fit Test Protocol Used (Qualitative): Manufacturer:

Bitrex ❑ Saccharin ❑ Isoamyl Acetate❑ 3M ❑Kimberly Clark ❑ Allegro ❑ MSA ❑ Other❑

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name | Respirator Fit Tested | Fit Test | | Could not be fit tested due to: |
|  | Please Print | Make, Model, Style, Size | Pass | Fail |  |
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| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |