SPERIAN
Protection you can trust

> > > RESPIRATORY PROTECTION

FIT TEST RECORD

General Information

Employee:_____ ID#: _____ Date: _____

Employer: _____ Dept.: _____ Location:_____

Respirator Selected

SAF-T-FIT® Plus Particulate Respirator (Model:	) ☐ Small	☐ Medium/Large	☐ X-Large
SAF-T-FIT Flat Fold Particulate Respirator (Model:	) ☐ Small	☐ Medium	☐ Large
Freedom® Half Mask (Model:	) ☐ Small	☐ Medium	☐ Large
Survivair 2000 Half Mask (Model:	) ☐ Small	☐ Medium	☐ Large
Survivair Blue1™ Half Mask (Model:	) ☐ Small	☐ Medium	☐ Large
Survivair Premier® Half Mask (Model:	) ☐ Small	☐ Medium	☐ Large
Survivair Valuair® Plus Half Mask (Model:	) ☐ Small	☐ Medium	☐ Large
Survivair Premier Plus Half Mask (Model:	) ☐ Small	☐ Medium/Large	
SurvivairMax® Full Facepiece 5-Strap (Model:	) ☐ Small	☐ Medium	☐ Large
SurvivairMax Full Facepiece Tite Seal (Model:	) ☐ Small	☐ Medium	☐ Large
SurvivairMax Full Facepiece Mesh (Model:	) ☐ Small	☐ Medium	☐ Large
Survivair Opti-Fit™ Full Facepiece 5-Strap (Model:	) ☐ Small	☐ Medium	☐ Large
Survivair Opti-Fit Full Facepiece Mesh (Model:	) ☐ Small	☐ Medium	☐ Large
Survivair 4000 Full Facepiece (Model:	) ☐ Small	☐ Medium	☐ Large
Survivair TwentyTwenty® Plus (SCBA/PD) Mesh (Model:	) ☐ Small	☐ Medium	☐ Large
Survivair TwentyTwenty Plus (SCBA/PD) 5-strap (Model:	) ☐ Small	☐ Medium	☐ Large
Survivair Puma® Hood (SCBA/PD) (Model:	) ☐ Small NC	☐ Medium NC	☐ Large NC

*Other Sperian Respiratory Model:

User Seal Check

A User Seal Check must be performed prior to fit testing

Negative Pressure Seal Check: ☐ Pass ☐ Fail ***-or-*** Positive Pressure Seal Check: ☐ Pass ☐ Fail

Type of Fit Test

Qualitative

☐ IAA (Banana Oil)
☐ Bitrex
☐ Irritant Smoke

☐ Pass ☐ Fail

Quantitative

☐ Portacount ☐ CNP ☐ Aerosol
☐ Other *(please describe)*:

☐ Pass ☐ Fail ☐ Fit Factor:

WARNING: BEFORE USE, THE USER MUST FIRST DETERMINE THAT THE RESPIRATOR PROPERLY FITS. A FIT TEST PERFORMED IN ACCORDANCE WITH 29 CFR 1910.134 OR CSA Z94.4-93, OR THEIR ACCEPTED EQUIVALENT, MUST BE PERFORMED USING THESE RESPIRATORS TO ENSURE THAT THEY PROVIDE THE NECESSARY PROTECTION.

Additional Notes

(additional notes here)

Acknowledgement

Employee acknowledgement
of test and results:_____ Date:_____

Test conducted by:_____ Date:_____

WARNING: SPERIAN PROTECTION RECOMMENDS ALL USERS OF THEIR PRODUCTS UNDERGO THOROUGH TRAINING AND THAT ALL WARNINGS AND INSTRUCTIONS PROVIDED WITH THE PRODUCTS BE THOROUGHLY READ AND UNDERSTOOD PRIOR TO USE. IT IS NECESSARY TO ASSESS HAZARDS IN THE WORK ENVIRONMENT AND TO MATCH THE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT TO PARTICULAR HAZARDS THAT MAY EXIST. AT A MINIMUM, A COMPLETE AND THOROUGH HAZARD ASSESSMENT MUST BE CONDUCTED TO PROPERLY IDENTIFY THE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT TO BE USED IN A PARTICULAR WORK ENVIRONMENT. ***FAILURE TO FOLLOW ALL PRODUCT WARNINGS AND INSTRUCTIONS AND TO PROPERLY PERFORM A HAZARD ASSESSMENT MAY RESULT IN SERIOUS PERSONAL INJURY, SERIOUS ILLNESS OR DEATH.**