



### Qualitative Fit Test Record

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: EZ Staffing, Inc.

Medical Evaluation Completed: YES ( ) NO ( )

Approved for respirator use: YES ( ) NO ( )

Initial: YES ( ) No ( ) Annual: YES ( ) No ( )

Re-test: YES ( ) NO ( ) Reason: \_\_\_\_\_

Respirator: \_\_\_\_\_ Size: \_\_\_\_\_

Respiratory Hazards Encountered: \_\_\_\_\_

#### Sensitivity Test:

Bitrex # Squeezes 10 ( ) 20 ( ) 30 ( ) Pass ( ) Fail ( )

#### Fit Test Agent:

Bitrex Pass ( ) Fail ( )

Comments: \_\_\_\_\_

Annual Fit Test before: \_\_\_\_\_

\_\_\_\_\_  
Evaluator

\_\_\_\_\_  
Employee Signature