**RESPIRATOR FIT TESTING AND ASSIGNMENT (QUALITATIVE)**

Name: Date:

Job :Description: Glasses worn: Facial hair, dentures, other:

Test media : Irritant smoke o Isoamyl acetate o Saccharin o Bitrex o

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Respirator Type** |  |  |  |  |  |
| A. Compatible with eye glasses |  |  |  |  |  |
| B. Test exercises |  |  |  |  |  |
| 1. head stationary, normal breathing |  |  |  |  |  |
| 2. head stationary, deep breathing |  |  |  |  |  |
| 3. head turning side to side |  |  |  |  |  |
| 4. head moving up and down |  |  |  |  |  |
| 5. talking (rainbow passage)see Appendix H\* |  |  |  |  |  |
| C. Comfort |  |  |  |  |  |
| 1. very comfortable |  |  |  |  |  |
| 2. comfortable |  |  |  |  |  |
| 3. barely comfortable |  |  |  |  |  |
| 4. uncomfortable |  |  |  |  |  |
| 5. intolerable |  |  |  |  |  |

**Assigned Equipment**

Type: Manufacturer: Model: Tested by:

\*Note: More Information can be found in the *Guide to Respiratory Protection at Work*, published by Cal/OSHA.

Make additional copies of this form as needed.