



Employee N95 Respirator Fit Test Record

Complete the following information (please print legibly):

Employee Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_

Unit Name \_\_\_\_\_ Job Name/Title \_\_\_\_\_

Current Employees:

Initial Fit Testing

Previously Fit Tested

For current employees: Have there been any changes in your health or medical condition since you were fit tested?

No

Yes

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

Fit test from other organizations - Refer to Program Administrator for credit

Respirator and size:  3M 1860S  3M 1860  3M 1870 (flat fold)

Limitations (Check all that apply):

Facial hair  Glasses  Medical  None

Note: Facial hair in the contact area of the mask will prevent an acceptable seal.

Fitting Result:

Satisfactory  Unsatisfactory Qualitative Fit Test (hood with saccharin)

Satisfactory  Unsatisfactory Quantitative Fit Test (Portacount)

Upon satisfactory completion: Issue fit test certification card, green ID badge sticker to employee and scan fit test records and record of education form to [schunn@regionalonehealth.org](mailto:schunn@regionalonehealth.org).

Tester Approval Signature \_\_\_\_\_ Date \_\_\_\_\_