

FORM V

QUALITATIVE FIT TEST RECORD

Name: _

Social Security No.: _

Date

Type/Brand of Respirator:

Model:

Size: __

Respirator Approval Number (TC-Number): _

Test Agent:

Irritant Smoke

Banana Oil

Results (circle)

Pass

Fail

Pass

Fail

Name of Test Conductor:

Duties requiring respirator:

cc: Depart. File

Environmental Health & Safety