

# N95 Respirator Fit Test Record

**Note:** Please fill out Sections A-F. The individual(s) completing fit testing will complete Sections G-I.

A. Employee Name \_\_\_\_\_ Date \_\_\_\_\_  
Employee Job Title/Description \_\_\_\_\_

B. Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
\_\_\_\_\_

C. Respirator Type \_\_\_\_\_ Size (Optional) \_\_\_\_\_  
Respirator Manufacturer \_\_\_\_\_

D. Have You Completed the OSHA Medical Questionnaire \_\_\_\_\_  
Do You Have Taste/Smell Issues \_\_\_\_\_ Notes \_\_\_\_\_

E. Conditions Which Could Affect Respirator Fit or Disqualify From Testing  
Clean Shaven \_\_\_\_\_ Facial Scar(s) \_\_\_\_\_ None \_\_\_\_\_  
1-2 Days Beard Growth \_\_\_\_\_ Dentures Absent \_\_\_\_\_  
2+ Days Beard Growth \_\_\_\_\_ Glasses \_\_\_\_\_  
Mustache \_\_\_\_\_ Pregnancy \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

F. Result Acknowledgment  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



## TO BE COMPLETED BY TESTING STAFF

G. Fit Testing Checks  
Negative Pressure Pass \_\_\_\_\_ Fail \_\_\_\_\_ Not Done \_\_\_\_\_  
Positive Pressure Pass \_\_\_\_\_ Fail \_\_\_\_\_ Not Done \_\_\_\_\_

H. Fit Testing Results  
Qualitative Isoamyl Acetate Saccharin Bitrex Smoke  
Pass \_\_\_\_\_ Pass \_\_\_\_\_ Pass \_\_\_\_\_ Pass \_\_\_\_\_  
Fail \_\_\_\_\_ Fail \_\_\_\_\_ Fail \_\_\_\_\_ Fail \_\_\_\_\_  
Quantitative Pass \_\_\_\_\_ Fail \_\_\_\_\_ Fit Factor \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

I. Test Conducted By \_\_\_\_\_ Date \_\_\_\_\_

**Note:** The above respirator fit test was performed on, and by, the persons listed. The results indicate the performance of the listed respiratory protective device, as fitted on the employee named on this record under controlled conditions. Fit testing as performed measures the ability of the respiratory protective device to provide protection to the individual tested. Bismarck-Burleigh Public Health and the Test Conductor express or imply no guarantee that this or an identical respiratory protective device will provide adequate protection under conditions other than those present when this test was performed. Improper use, maintenance, or application of this, or any other respiratory protective device, will reduce or eliminate protection. For more fit testing information visit [www.bismarcknd.gov/1883/Fit-Testing](http://www.bismarcknd.gov/1883/Fit-Testing).