

Qfit™ Respirator Fit Tester

Fit Test Report

ID Number: _____
Last Name: _____
First Name: _____
Company: _____
Location: _____

Test Date: _____ Qfit™ Fit Tester S/N: _____
Next Test Due Date: _____ Fit Test Protocol: _____
Respirator Manufacturer: _____ Pass Level: _____
Model: _____ Test Agent: Bitrex® Saccharin
Mask Style: _____ Sensitivity Test: Protocol 1 (12 seconds)
Mask Size: _____ Protocol 2 (24 seconds)
Agency Approval: _____ Protocol 3 (36 seconds)

Exercise	Pass	
	Yes	No
Breathing	<input type="checkbox"/>	<input type="checkbox"/>
Deep Breathing	<input type="checkbox"/>	<input type="checkbox"/>
Head Side-to-Side	<input type="checkbox"/>	<input type="checkbox"/>
Head Up and Down	<input type="checkbox"/>	<input type="checkbox"/>
Talking Out Loud	<input type="checkbox"/>	<input type="checkbox"/>
Bend Over or Jog in Place	<input type="checkbox"/>	<input type="checkbox"/>
Normal Breathing	<input type="checkbox"/>	<input type="checkbox"/>

Fit Test Operator: _____ Date: _____

Name: _____ Date: _____

U.S. and International patents pending.

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