Respirator Fit Test Record

Employee name:	Date:
Employer name:	Farm name:
Address:	County:
Medical Clearance Provided By:	
Healthcare provider name:	Date:
Medical clearance recommendation on file?	Yes No
Respirator Information	
Type:	Manufacturer:
Model:	Size:
Qualitative Fit Test:	
Saccharin B	itrex Isoamyl Acetate Irritant Smoke
	PASS FAIL
Employee Acknowledgement of Results:	
Employee's signature:	Date:
Fit tester's name:	Date:
	ee Respirator Training Record Date:
	Farm name:
	County:
 The respirator's limitations and capabi How to use the respirator in emergency How to inspect, put on, remove, and use How to check the respirator's seal What the procedures are for maintenan How to recognize medical signs and sy 	y situations, including in the case of a respirator malfunction see the respirator
	1) 5) 2) 6) 3) 7) 4) 8)
Employee's signature:	Date:
Trainer's name:	Date: