

ST Mark James Qualitative Mask Fit Test Form

Worker or Student Name

Date of Test

Email Address

Do You Wear Any of the Following:

Contact Lenses
Eyeglasses
Dentures
Facial Hair

If you selected yes to any of the above, the instructor will discuss how the respirator seal will be affected. Workers / students must be clean shaven where the respirator masks seals with the face.

Do You have Any Medical Concerns about
wearing a Respirator?

Yes No

Do You Understand that you should not eat,
smoke, drink or chew gum within 20 minutes of
the appointment?

Yes
No

Do You Understand that Fit Testing must be
repeated annually to ensure that a proper face
seal is maintained?

Yes
No

**The Following Part of the Form Should Be Completed Immediately After the Fit
Test Appointment. Please Print This Form and Bring it to Class.**

Please Check when completed successfully

Correct Positioning of Respirator and strap
adjustment

Negative - or positive - pressure user seal
check

The Qualitative Fit Test Was Completed Using:

Please Select One:

- Irritant smoke with HEPA / organic vapour Cartridges
- Bitter Aerosol with particulate filter
- Isoamyl acetate (banana oil) with organic vapour cartridges
- Saccharin with particulate filter

Did You Pass or Fail the Fit Test

Pass

Fail

When a worker / student wears different makes and models of respirators, fit testing must be done on each make and model of respirator and the results recorded. The worker should also wear all other required personal protective equipment, such as hearing and eye protection, while undergoing the test.

1. Make / Model / Size _____ / _____ / _____

2. Make / Model / Size _____ / _____ / _____

3. Make / Model / Size _____ / _____ / _____

Please Check Off All of the Points Discussed with the worker / student

- Respirator Selection
- Respirator Limitation
- Storage and Maintenance
- Cartridge dating, change frequency and limitations
- Where to get replacement parts

Fit Test Date: _____ Next Fit Test Date: _____

Fit Test Completed by: _____

I, the undersigned, have been fit tested and counseled in the use, limitations, and maintenance of the above noted respirator(s).

Worker / Student Signature: _____ Date: _____
