

# ST Mark James Qualitative Mask Fit Test Form

Worker or Student Name

Date of Test

Email Address

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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.

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Do You have Any Medical Concerns about wearing a Respirator?

Yes

No

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

Yes

No

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

Yes

No

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

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**Please Check when completed successfully**

Correct Positioning of Respirator and strap adjustment

Negative - or positive - pressure user seal check

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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

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Did You Pass or Fail the Fit Test

Pass

Fail

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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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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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

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Fit Test Date: \_\_\_\_\_ Next Fit Test Date: \_\_\_\_\_

Fit Test Completed by: \_\_\_\_\_

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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: \_\_\_\_\_

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