

PPE Fit Test Record for Construction Employees

EMPLOYEE INFORMATION

Name

Employee ID

Job Title

Department/Project

Date of Test

Location

RESPIRATOR / PPE INFORMATION

PPE Type

Manufacturer

Model

Size

Assigned PPE Serial/ID Number

FIT TEST METHOD

Fit Test Type

Protocol Used

FIT TEST RESULTS

Exercise/Activity	Pass/Fail	Comments
Normal Breathing	<input type="text"/>	<input type="text"/>
Deep Breathing	<input type="text"/>	<input type="text"/>
Head Side-to-Side	<input type="text"/>	<input type="text"/>
Head Up-and-Down	<input type="text"/>	<input type="text"/>
Talking	<input type="text"/>	<input type="text"/>
Bending	<input type="text"/>	<input type="text"/>
Final Results	<input type="text"/>	<input type="text"/>

ADDITIONAL COMMENTS

Employee Signature

Fit Tester Signature

Date