

# Qualitative Fit Test **Record**



Subject's Name \_\_\_\_\_ Company \_\_\_\_\_

Employee Number \_\_\_\_\_ Department \_\_\_\_\_

Has the employee received respirator training?  YES  NO

Type of Fit Test equipment used:  Irritant Fume  IsoAmyl Acetate  Saccharin  Bitrex

**Respirator Tested:**

Half Mask		Full Face	
<input type="checkbox"/> Comfo Classic	<input type="checkbox"/> Advantage 300	<input type="checkbox"/> Ultravue	<input type="checkbox"/> Advantage 1000
<input type="checkbox"/> Comfo Elite	<input type="checkbox"/> Advantage 400	<input type="checkbox"/> Ultra-Twin	<input type="checkbox"/> Advantage 3000
<input type="checkbox"/> Advantage 200 LS		<input type="checkbox"/> Ultra Elite	<input type="checkbox"/> Advantage 4000
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

**Test Results:**

**1. Facial Characteristic Assessment.** Respirators with tight-fitting facepieces may not provide a satisfactory seal with individuals having beards, large side burns or other conditions such as missing dentures, etc. that could interfere with the ability of the respirator to attain an adequate seal. Individuals with this condition should not be tested. Did any conditions described above exist?

YES. Do not continue test. Automatic failure.  NO. Continue with test.

**Sensitivity Test:**  Passed  Failed

**Fit Test:**

	Small	Medium	Large
PASSED			
FAILED			

**Respirator Assigned:** \_\_\_\_\_

Spectacle Kit Required?  YES  NO

\_\_\_\_\_  
Test Administrator's Signature

\_\_\_\_\_  
Test Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**This is to certify that**

- Has been trained in the use, limitations, and maintenance of MSA Respirator(s).
- Has passed a Qualitative Fit Test with MSA Respirator(s).
- Comfo Classic  Comfo Elite  Advantage 200 LS
- Advantage 300  Advantage 400  Ultravue
- Ultra-Twin  Ultra Elite  Advantage 1000
- Advantage 3000  Advantage 4000
- Other \_\_\_\_\_  Sm  Med  Lg

Expiration Date \_\_\_\_\_ Test Date \_\_\_\_\_

Instructor \_\_\_\_\_

Count on **MSA**



**Call toll free at 1-800-MSA-2222**

**NOTE:** This document provides a means for recording quantitative fit test results on the named subject with the indicated respirator under controlled conditions established by OSHA protocol such as that published in 29 CFR 1910.1025 Appendix D. MSA and the test administrator do not express or imply any guarantee that the fit obtained in this test is reproducible in actual use situations under conditions other than those present when the test was performed.

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*Because every life has a purpose...*