Quantitative Fit Test Record



Subject's Name		Company	
Employee Number		Department	
Has the employee received respirator training? \square YES		□ NO	
Respirator Tested:			
Half Mask		Full Face	
Comfo Classic	Advantage 300	Ultravue	Advantage 1000
Comfo Elite	Advantage 400	Ultra-Twin	Advantage 3000
Advantage 200 LS		Ultra Elite	Advantage 4000
Other:		Other:	
YES. Do not continue test. Auto	Small	Continue with test. Medium	Large
Respirator Assigned:			
Spectacle Kit Required?	YES NO		
Test Administrator's Signature	Test Date	Empolyee's Signature	Date

This is to certify that ☐ Has been trained in the use, limitations, and maintenance of MSA Respirator(s). ☐ Has passed a Quantitative Fit Test with MSA Respirator(s). Comfo Classic ☐ Comfo Elite ☐ Advantage 200 LS ☐ Advantage 400 ☐ Advantage 300 ☐ Ultravue ☐ Ultra-Twin ☐ Ultra Elite ☐ Advantage 1000 ☐ Advantage 3000 ☐ Advantage 4000 □Sm □Med □Lg ■ Other 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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