



SURVIVAIR®

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WILLSON®

Respirator Fit Test Sheet

Employee Name: _____ Date: _____

Model Number: _____ Job Title/Job Description: _____

Employer: _____ Employer Location/Address: _____

Respirator Model: _____ Respirator Size: _____

Odor Threshold Screening (ability to detect odor test solution): Pass Fail

Facial Conditions that could affect respirator fit: Clean Shaven 1 to 2 Day Beard Growth 2+ Days Beard Growth
 Mustache Facial Scar Dentures Absent Glasses None

Fit Checks: Negative Pressure Pass Fail Not Done

Fit Checks: Positive Pressure Pass Fail Not Done

Fit Testing: Test subjects must pass all exercises. Failure in any test voids the entire test.

Test Exercises –	Isoamyl Acetate		Other	
	Pass	Fail	Pass	Fail
a. Breath Normally				
b. Breathe Deeply				
c. Turn Head Side-to-Side				
d. Nod Head Up-and-Down				
e. Talking				
f. Jogging in Place				
g. Breathe Normally				

Overall Test Results: Pass Fail

Comments: _____

This respirator fit test was performed by the undersigned on the person named above. The results indicate the performance of the listed respirator protective device under controlled conditions, as fitted on this person. This fit test, as performed, measures the ability of the respiratory protective device to provide protection to the individual tested. Neither SURVIVAIR nor the test conductor express or imply a guarantee that this or an identical respiratory protective device will provide adequate protection under conditions other than those present when this test was performed. Improper use, maintenance, or application of this or any other respiratory protective device will reduce or eliminate protection.

Tested By _____

Date _____

Employee Signature _____

Date _____