



The following test subject has been fit tested and trained in the use of the noted respirator.

Test Subject

Test Conductor Signature

Date



**SURVIVAIR®**

Respirator Manufacturer  Survivair®  Willson®

Respirator Model No. and Style \_\_\_\_\_

Respirator Size (if applicable) \_\_\_\_\_

NIOSH Approval No. \_\_\_\_\_

**Test Procedure**

- Isoamyl Acetate
- Bitrex™
- Saccharin Aerosol
- Irritant Smoke
- Generated Aerosol
- Controlled Negative Pressure
- Portacount™ (CNC)

Fit Factor (if applicable) \_\_\_\_\_

194064A