HSE **QUALITATIVE** FIT TEST EVALUATION FORM

NAME_____DATE_____
(Please Print Clearly)

Badge ID#_____JHED ID_____

Department/Unit_____

Did you eat, drink, chew gum, etc within the last 15 minutes? **Yes No**

Could the subject taste saccharin? **Yes No**
Puffs x10____ x20_____ x30_____

Respirator Assessment

Respirator Type:	N95	Elastomeric	(*Other specify*)_____
Manufacturer	3M	Kimberly Clark	(*Other specify*)_____
Style:	1870	1860	(*Other specify*)_____
Size:	Small	Regular	Large One Size

Adequacy of Respirator Fit			**Notes**
Room for eye protection?	**Yes**	**No**	
Mask positioning			
Fit across nose bridge?	**Yes**	**No**	
Chin properly placed?	**Yes**	**No**	
Straps positioning			
Lower around neck?	**Yes**	**No**	
Upper at crown of head?	**Yes**	**No**	

Challenge Exercises	**Pass**	**Fail**	**2nd Model:**	**Pass**	**Fail**
Normal Breathing					
Deep Breathing					
Turning head (side to side)					
Moving head (up & down)					
Rainbow Passage					
Bending (at waist/knees)					
Normal Breathing					

Fit test results: **Pass** **Fail** **Passed N95:** _____

Notes: _____ **Facial Hair** **Pregnant**

HSE STAFF DATE