

Respirator Fit Test Form

Employee: Gary Cooper SS# 2696
Job Function: Worker Location: Dumper
Type of Respirator: Full Type of Cartridge/Filter: 3M NIOSH
Fit Test Protocol: _____ NIOSH# 450-01-01
Manufacturer: 3M Model: 3M Size: M/L

Prerequisites to Fit Test

1. Has the required medical screening been completed? Yes ☒ No ☐ N/A ☐
2. Does the Physical Examination Request form indicate that employee is qualified to wear respirator? Yes ☒ No ☐ N/A ☐
3. Has the Respirator Medical Evaluation Questionnaire been completed and provided to the physician? Yes ☒ No ☐ N/A ☐

Characteristics for Seal

1. Clean Shaven? Yes ☐ No ☒ N/A ☐
2. Facial hair does not interfere with respirator seal? Yes ☐ No ☒ N/A ☐
3. Facial scars do not interfere with respirator seal? Yes ☐ No ☒ N/A ☐
4. Contact lenses are not being worn? Yes ☐ No ☒ N/A ☐
5. Eye glasses do not interfere with respirator seal? Yes ☐ No ☒ N/A ☐
6. Dentures in place? Yes ☐ No ☒ N/A ☐

Employee Acknowledgement

Employee acknowledges the following requirements:

1. Perform a positive/negative fit test each time respirator is donned. Yes ☒ No ☐ N/A ☐
2. Discontinue use of modified, altered or damaged respirators. Yes ☒ No ☐ N/A ☐
3. Assure facial hair, eyeglasses or clothing does not interfere with respirator seal each time it is donned. Yes ☒ No ☐ N/A ☐

Note: A new fit test must be performed in the event of significant weight gain/loss (20 lb.), dental work or any facial change that may affect the seal of the respirator.

Employee PASSED respiratory fit test ☒ Employee FAILED respiratory fit test ☐

Employee Signature: Gary Cooper

Date: 8-25-26

Test Conducted by: (print) Kristy Harper

Date: 8/25/26

Conductors Signature: Kristy Harper

☐ Mandatory ☒ Discretionary
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