

Qualitative Fit Test (QLFT) Form

Employee Name	Date of Birth (Year)	Height	Weight
Work Unit	Supervisor Name		

A respirator fit test must be completed by an individual trained in respiratory fit testing procedures. **This fit test is required annually.**

Does employee wear glasses? ____ Yes ____ No Does Employee have facial hair, dentures or other attributes that will prevent a positive face fit? ____ Yes ____ No

Respirator Type (Make Model and Certification Number)			
Testing media			
Compatible with eye glasses	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No
Positive pressure fit check	____ Pass ____ Fail	____ Pass ____ Fail	____ Pass ____ Fail
Negative pressure fit check	____ Pass ____ Fail	____ Pass ____ Fail	____ Pass ____ Fail
Head Stationary Normal Breathing (60 seconds)	____ Pass ____ Fail	____ Pass ____ Fail	____ Pass ____ Fail
Head Stationary Deep Breathing (60 seconds)	____ Pass ____ Fail	____ Pass ____ Fail	____ Pass ____ Fail
Head Turning Side To Side (60 seconds)	____ Pass ____ Fail	____ Pass ____ Fail	____ Pass ____ Fail
Head Moving Up and Down (60 seconds)	____ Pass ____ Fail	____ Pass ____ Fail	____ Pass ____ Fail
Talking (recite Rainbow Passage or count backwards)	____ Pass ____ Fail	____ Pass ____ Fail	____ Pass ____ Fail
Bending Over (60 seconds)	____ Pass ____ Fail	____ Pass ____ Fail	____ Pass ____ Fail
Head Stationary Normal Breathing (60 seconds)	____ Pass ____ Fail	____ Pass ____ Fail	____ Pass ____ Fail
Respirator fit test result	____ Pass ____ Fail	____ Pass ____ Fail	____ Pass ____ Fail

Based on information provided on this form, I certify that the employee named on this form can wear the respiratory protective equipment listed above.

Signature of Person Administering Test _____ Date _____