

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
<i>Mask positioning</i>		
Fit across nose bridge?	Yes	No
Chin properly placed?	Yes	No
<i>Straps positioning</i>		
Lower around neck?	Yes	No
Upper at crown of head?	Yes	No

Challenge Exercises **Pass** **Fail** **2nd Model:** **Pass** **Fail**

Normal Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turning head (side to side)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving head (up & down)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rainbow Passage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending (at waist/knees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

HSE STAFF DATE