FORM V

QUALITATIVE FIT TEST RECORD

Name:_

Social Security No.:_ Date

Type/Brand of Respirator:

Model:

Size:__

Respirator Approval Number (TC-Number):_

Test Agent: Irritant Smoke Banana Oil

Results (circle) ☐ Pass ☐ Fail ☐ Pass Fail ☐

Name of Test Conductor:

Duties requiring respirator:

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cc: Depart. File
Environmental Health & Safety