

New Jersey Department of Health
PEOSH Unit

FIREFIGHTER RESPIRATOR FIT TEST RECORD

Date of Fit Test		
Name of Firefighter		
SCBA Manufacturer	Model	NIOSH Approval Number
Facepiece Size <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large		
Conditions which could affect respirator fit: <input type="checkbox"/> Clean Shaven <input type="checkbox"/> Facial Scar <input type="checkbox"/> 1-2 Day Beard Growth <input type="checkbox"/> Glasses <input type="checkbox"/> 2+ Day Growth <input type="checkbox"/> Dentures Absent <input type="checkbox"/> Mustache		
Comments		
Fit Test Protocol Used	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Comments		
Test Conducted By (Print)		
Signature	Date	
Employee Acknowledgment of Test Results		
Employee Name (Print)		
Employee Signature	Date	

NOTE: Appendix A of the PEOSH Respiratory Protection Standard contains all the mandatory fit test protocols. Appendix G of this document contains the PEOSH Respiratory Protection Standard. One of those protocols must be used.