Respirator Fit Test Report

Test conducted using 3M FT-10 or 3M FT-30 Fit Test Kit

Name_____

Company / Department_____

Make, model & size of respirator_____

Own facepiece, pool or test model used? Own / Pool / Test Kit used? FT-10 (Sweet) / FT-30 (Bitter)

Test conducted by (Name and company)_____

Retests required? Yes / No If yes, record number and reasons: _____

_____

_____

_____

Pass achieved on (date)_____ Signed (Tester)_____

Report should be kept for at least five years.