

## TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

**Operating Policy and Procedure** 

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## Part II: QUALITATIVE FIT TEST RECORD

## This section to be completed by Administrator, or campus Coordinator

Gender: Male/Female		Respirator Type:		
Manufacturer:		Model:		
Size:				
Special/Unusual Conditions/Considerations (e.g., claustrophobia, facial hair, eyeglasses, dentures, facial scarring, etc.)				
	Sensitiv Check Saccharin: <10 Bitrex: <10 Fit Test Exercis Normal breathing Deep breathing Turning head side to side	C   C   C   C   C   C   C   C   C   C		
Torri A lockida on III	Moving head up and down Read Rainbow Passage Bend over and touch toes Normal breathing	Pass Fail Pass Fail Pass Fail Pass Fail	Not Done Not Done Not Done Not Done	
Test Administered by:	Print name:  Signature:			
Date:				

Upon completion of this fit test, a copy will be mailed to the department supervisor/administrator. Campus Coordinators shall send original documents to the Department of Safety Services for record retention.