BALL STATE UNIVERSITY
FACILITIES PLANNING AND MANAGEMENT

Environmental Health and Safety Office
Respiratory Protection Program

Respirator Qualitative Fit Test (QLFT) Certification Form

Employee Name:	DOB (Year)	Height	Weight
Work Unit:	Supervisor Name:		

A respirator fit test must be completed by an individual trained in respiratory fit testing procedures.
This fit test is required annually.

Does employee wear glasses? Yes____ No____

Does Employee have facial hair, dentures or other attributes that will prevent a positive face fit? Yes____ No____

Respirator Type (Make, Model and Certification)	**3M**	**MSA**	**Sperian**
Type (1/2Mask, Full, PAPR)			
Respirator Size	S M L	S M L	S M L
Testing media	Irritant Smoke	Irritant Smoke Saccharine	Irritant Smoke Saccharine
Compatible with eye glasses	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Doffing/Donning of Respirator	Pass___ Fail ____	Pass___ Fail ____	Pass___ Fail ____
Positive pressure fit check	Pass___ Fail ____	Pass___ Fail ____	Pass___ Fail ____
Negative pressure fit check	Pass___ Fail ____	Pass___ Fail ____	Pass___ Fail ____
Head Stationary Normal Breathing (60 seconds)	Pass___ Fail ____	Pass___ Fail ____	Pass___ Fail ____
Head Stationary Deep Breathing (60 seconds)	Pass___ Fail ____	Pass___ Fail ____	Pass___ Fail ____
Head Turning Side to Side (60 seconds)	Pass___ Fail ____	Pass___ Fail ____	Pass___ Fail ____
Head Moving Up and Down (60 seconds)	Pass___ Fail ____	Pass___ Fail ____	Pass___ Fail ____
Talking (recite Rainbow Passage or count backwards)	Pass___ Fail ____	Pass___ Fail ____	Pass___ Fail ____
Bending Over (60 seconds)	Pass___ Fail ____	Pass___ Fail ____	Pass___ Fail ____
Head Stationary Normal Breathing (60 seconds)	Pass___ Fail ____	Pass___ Fail ____	Pass___ Fail ____
Respirator fit test result	Pass___ Fail ____	Pass___ Fail ____	Pass___ Fail ____

Based on information provided on this form, I certify that the employee named on this form can wear the respiratory protective equipment listed above.

Signature of Test Administrator:_____ Date: _____