Respirator Fit Test **Test Date:** _____

Name:_____ **Test ID#:** _____

Company: _____

Was successfully fit tested in:
Manuf.:_____Model:_____ SML QLFT/QNFT
Manuf.:_____Model:_____ SML QLFT/QNFT
Manuf.:_____Model:_____ SML QLFT/QNFT

Fit Tester:_____ Expires:12/31/2011

You must be fit tested at least annually and if you change to a different respirator model.
Conduct a User Seal Check each time a respirator is put on.

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