

RESPIRATOR QUANTITATIVE FIT TEST CERTIFICATE

Full Name : <input style="width: 95%;" type="text"/>																	
Company : <input style="width: 95%;" type="text"/>																	
Make, Model & Size of Respirator : <input style="width: 95%;" type="text"/>																	
Test Kit Used :-	FT-10 (Sweet) <input type="checkbox"/> FT- 30 (Bitter) <input type="checkbox"/> Other <input type="checkbox"/>																
Respirator Type :	Individual/Own <input type="checkbox"/> Pool/Shared <input type="checkbox"/> Test Unit <input type="checkbox"/>																
Test Results (Delete as applicable)	<table style="width: 100%; border: none;"> <tr> <td>Suitability</td> <td><input type="text" value="Pass/Fail"/></td> <td>Normal Breathing</td> <td><input type="text" value="Pass/Fail"/></td> </tr> <tr> <td>Deep Breathing</td> <td><input type="text" value="Pass/Fail"/></td> <td>Head Side to Side</td> <td><input type="text" value="Pass/Fail"/></td> </tr> <tr> <td>Head Up/Down</td> <td><input type="text" value="Pass/Fail"/></td> <td>Talking</td> <td><input type="text" value="Pass/Fail"/></td> </tr> <tr> <td>Bending Forward</td> <td><input type="text" value="Pass/Fail"/></td> <td>Normal Breathing</td> <td><input type="text" value="Pass/Fail"/></td> </tr> </table>	Suitability	<input type="text" value="Pass/Fail"/>	Normal Breathing	<input type="text" value="Pass/Fail"/>	Deep Breathing	<input type="text" value="Pass/Fail"/>	Head Side to Side	<input type="text" value="Pass/Fail"/>	Head Up/Down	<input type="text" value="Pass/Fail"/>	Talking	<input type="text" value="Pass/Fail"/>	Bending Forward	<input type="text" value="Pass/Fail"/>	Normal Breathing	<input type="text" value="Pass/Fail"/>
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Retest Required Yes/No	Reason for Retest <div style="border: 1px solid black; height: 80px; width: 100%;"></div>																
Fit Test Status PASS/FAIL																	
<p>Fit Testing for the above person has been undertaken in accordance with the requirements of HSG53 and HSE OC 282/28.</p> <p>I confirm that as part of the fit testing, the above person has been instructed in the correct fitting, use, maintenance, inspection and storage of the respirator.</p>																	
Tested By: Name	<input style="width: 95%;" type="text"/> Date: <input style="width: 15%;" type="text"/>																
Signature:	<input style="width: 95%;" type="text"/>																
Company:	<input style="width: 95%;" type="text"/>																
Retest Due: <input style="width: 150px; height: 40px;" type="text"/>	Retest must be undertaken if change to a different Respirator or you lose/gain weight undergo substantial dental work or following any facial changes.																