



**NRAO Department of Environmental Safety & Security
Respirator Quality Fit Test (QLFT) Form**

Employee Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Work Unit: _____

Supervisor Name/Signature: _____

**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 Number)	
Testing Media	
Compatible with eye glasses	YES _____ NO _____
Positive Pressure Fit Check	PASS _____ FAIL _____
Negative Pressure Fit Check	PASS _____ FAIL _____
Head Stationary Normal Breathing (60 Seconds)	PASS _____ FAIL _____
Head Stationary Deep Breathing (60 Seconds)	PASS _____ FAIL _____
Head Turning Side to Side (60 Seconds)	PASS _____ FAIL _____
Head Moving Up and Down (60 Seconds)	PASS _____ FAIL _____
Talking (Recite Rainbow Passage or Count Backwards)	PASS _____ FAIL _____
Bending Over (60 Seconds)	PASS _____ FAIL _____
Head Stationary Normal Breathing (60 Seconds)	PASS _____ FAIL _____
Respirator Fit Test Result	PASS _____ FAIL _____
NOTES	

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 Person Administering Test: _____ Date: _____

Return the Completed Form to: ES&S Site Safety Division **Copy to:** NRAO ES&S Admin – Diana Torres: dltorres@nrao.edu