Fit Test Record

Saint Elizabeth
Well beyond health care

Name: _____

Date of Fit Test: _____

Given by: (Print Name) _____

Signature: _____

Type of Respirator: _____

Test Agent Used: ☐ Bitrex ☐ Saccharin

Sensitivity Level: ☐ S10 ☐ S20 ☐ S30

Renewal Fit Test Date: _____

www.saintelizabeth.com