HS927 – Face fit test report

Form to be completed by the fit tester. Refer to HS926 Face Fit Test Protocol.

User name:		User supervisor:	
Faculty:		**School:**	
Test date:		**Test time:**	
Tester name:		**Test kit:**	FT-10 (sweet) or FT-30 (bitter)

Location(s) where respirator worn:		Make, model & size of respirator:	
Contaminants protecting against:		**Own face piece, pool or test model used?**	Own/Pool/Test

Nil to eat or drink (water ok) 30 min prior to test?   Yes/No

Sensitivity Test

Number of squeezes to produce a taste response   1-10 / 10-20 / 20 - 30

Fit Test

Inject the same number of squeezes as was required in the Sensitivity Test (i.e. 10, 20 or 30). Inject one half of the number of squeezes (i.e. 5, 10 or 15) every 30 seconds for the duration of the test.

Sensitivity test response	First 30 seconds	Next 30 seconds
10	5	5
20	10	10
30	15	15

Exercise	Duration	1st test pass	2nd test pass (if required)
a. Normal breathing	1 minute	Yes/No	Yes/No
b. Deep breathing	1 minute	Yes/No	Yes/No
c. Head side to side	1 minute	Yes/No	Yes/No
d. Head up and down	1 minute	Yes/No	Yes/No
e. Passage Reading	1 minute	Yes/No	Yes/No
f. Bend over / jog	1 minute	Yes/No	Yes/No
g. Normal Breathing	1 minute	Yes/No	Yes/No

Retest required?   **Yes/No**

Comments:

Tester name		Tester signature	
User name		**User signature**	