



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

Operating Policy and Procedure

QUALITATIVE FIT TEST RECORD

Employee/Student Name: _____

Respirator Type: N95

eRaider/username: _____

Manufacturer/Model:

Kimberly Clark Regular 46767 / Small 46867
3M Regular 1860 / Small 1860S
Halyard Regular 46727 / Small 46827
VFlex Regular 1804 / Small 1804S

School/Department: _____

Signature: _____

*I acknowledge that changes to my facial features such as facial hair, weight loss/gain, fractures, scarring, etc., may affect the fit of the N-95 respirator.

Special/Unusual Conditions/Considerations
(e.g., claustrophobia, facial hair, eyeglasses, dentures, facial scarring, etc.)

TTUHSC El Paso Test Results

THOP Test Results

Sensitivity Check

Table with 2 rows (Saccharin, Bitrex) and 3 columns (<10, <20, <30)

Sensitivity Check

Table with 2 rows (Saccharin, Bitrex) and 3 columns (<10, <20, <30)

Table with 7 rows of breathing tests and 3 columns (Pass, Fail, Not Done)

Table with 7 rows of breathing tests and 3 columns (Pass, Fail, Not Done)

Test administered by: Martha Quezada Carl Manning Raul Perez Eli Montero Daniel Gonzales

Signature of tester: _____

Todays date: _____ This form expires: _____

Upon completion of this fit test, a copy will be sent to the department supervisor/administrator, and/or given to the testee.