

**Bethel Fire Department
Respiratory Protection Program
Qualitative Fit – Testing**

NAME: _____ DATE: _____

JOB TITLE: _____ SSN: _____

COMPANY: _____

TYPE OF RESPIRATOR: _____ SIZE: _____
(make, model, style)

TYPE OF CARTRIDGE: _____

SEAL CHECK:

___ Negative Pressure check completed

___ Positive Pressure Check Completed

SEAL OBTAINED: YES ___ NO ___

TASTE THRESHOLD SCREENING

REACTION: YES ___ NO ___

IF YES # OF SQUEEZES _____*

BITREX FIT TESTING

ONE MINUTE EACH

ACTIVITY

REACTION

normal breathing

YES ___ NO ___

deep breathing

YES ___ NO ___

turning head

YES ___ NO ___

nodding head

YES ___ NO ___

talking

YES ___ NO ___

bending over or jogging

YES ___ NO ___

normal breathing

YES ___ NO ___

EMPLOYEE SIGNATURE _____ DATE: _____

TESTING PERFORMED BY: _____ DATE _____

* When testing fit testing maneuver, prime the tent with 10 squeezes of Bitrex, then use ½ the number of squeezes that elicited a response in the screening test for each of the test maneuvers.