TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Part II: QUALITATIVE FIT TEST RECORD
This section to be completed by Administrator, or campus Coordinator

Gender: Male/Female
Respirator Type: ____________________________

Manufacturer: ____________________________  Model: ____________________________
Size: ____________________________

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

____________________________________

____________________________________

Sensitivity Check

<table>
<thead>
<tr>
<th></th>
<th>Saccharin:</th>
<th></th>
<th>Bitrex:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;10</td>
<td>&lt;20</td>
<td>&lt;30</td>
</tr>
</tbody>
</table>

Fit Test Exercises

<table>
<thead>
<tr>
<th></th>
<th>Normal breathing</th>
<th>Deep breathing</th>
<th>Turning head side to side</th>
<th>Moving head up and down</th>
<th>Read Rainbow Passage</th>
<th>Bend over and touch toes</th>
<th>Normal breathing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pass</td>
<td>Fail</td>
<td>Not Done</td>
<td>Pass</td>
<td>Fail</td>
<td>Not Done</td>
<td>Pass</td>
</tr>
</tbody>
</table>

Test Administered by: Print name: ________________________________________________
Signature: ________________________________________________________________
Date: _____________________________________________________________________

Copy sent to supervisor/administrator. Date: ______________________________________

Upon completion of this fit test, a copy will be mailed to the department supervisor/administrator. Campus Coordinators shall send original documents to the Administrator in Lubbock (TTUHSC, 3601 4th Street, Mail Stop 9020, Lubbock, Texas 79430) for record retention.