

Quantitative Fit Test (QNFT) Form

Employee Name	Date of Birth (Year)	Height	Weight
Work Unit	Supervisor Name		

- A respirator fit test must be completed by an individual trained in respiratory fit testing procedures. **This fit test is required annually.**
- Does employee wear glasses? ___ Yes ___ No Does Employee have facial hair, dentures or other attributes that will prevent a positive face fit? ___ Yes ___ No

Respirator Type (Make Model and Certification Number)			
Testing media			
Compatible with eye glasses	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Positive pressure fit check	___ Pass ___ Fail	___ Pass ___ Fail	___ Pass ___ Fail
Negative pressure fit check	___ Pass ___ Fail	___ Pass ___ Fail	___ Pass ___ Fail
Head Stationary Normal Breathing (60 seconds)	___ Pass ___ Fail	___ Pass ___ Fail	___ Pass ___ Fail
Head Stationary Deep Breathing (60 seconds)	___ Pass ___ Fail	___ Pass ___ Fail	___ Pass ___ Fail
Head Turning Side To Side (60 seconds)	___ Pass ___ Fail	___ Pass ___ Fail	___ Pass ___ Fail
Head Moving Up and Down (60 seconds)	___ Pass ___ Fail	___ Pass ___ Fail	___ Pass ___ Fail
Talking (recite Rainbow Passage or count backwards)	___ Pass ___ Fail	___ Pass ___ Fail	___ Pass ___ Fail
Grimace (15 sec)	___ Pass ___ Fail	___ Pass ___ Fail	___ Pass ___ Fail
Bending Over (60 seconds)	___ Pass ___ Fail	___ Pass ___ Fail	___ Pass ___ Fail
Head Stationary Normal Breathing (60 seconds)	___ Pass ___ Fail	___ Pass ___ Fail	___ Pass ___ Fail
Calculated Fit Factor			
Respirator fit test result (Half Mask >100 Fit Factor) (Full Face >1000 Fit Factor)	___ Pass ___ Fail	___ Pass ___ Fail	___ Pass ___ Fail

Based on information provided on this form, I certify that the employee named on this form can wear the respiratory protective equipment listed above

Signature of Person Administering Test _____ Date _____