

Test Subject Last Name \_\_\_\_\_

Test Date \_\_\_\_\_

Test Subject First Name \_\_\_\_\_

Re-Test Date \_\_\_\_\_

Company Name & Address \_\_\_\_\_  
\_\_\_\_\_

Assessor Last Name \_\_\_\_\_

Assessor First Name \_\_\_\_\_

Assessor Company & Address \_\_\_\_\_

	<i>Make</i>	<i>Model</i>	<i>Size</i>
<i>Mask Worn For Test</i>			

**TEST RESULTS**

<u>Exercise</u>	<u>Result P/F</u>
<i>Normal Breathing</i>	
<i>Deep Breathing</i>	
<i>Head Side to Side</i>	
<i>Head Up and Down</i>	
<i>Talking</i>	
<i>Bending</i>	
<i>Normal Breathing</i>	

<u>Sensitivity</u>	10	20	30
<i>Circle as appropriate</i>			

<b>Was Subject Given Assistance To Fit The Mask</b>	
YES	NO
<i>Circle as appropriate</i>	

<b>Did Subject Taste Solution When Seal Was Broken At End</b>	
YES	NO
<i>Circle as appropriate</i>	

<b>RESULT OF FACE FIT TEST</b>	
<b>PASS</b>	<b>FAIL</b>
<i>Circle as appropriate</i>	

Subject Signature

Assessor Signature

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Notes

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