MSA Qualitative Fit Test Record

Subject's Name			Departme	ent
Employee Number _				
Has the employee re	eceived respirator	training?	⊐ YES □ NO	
Type of Respirator F	Fit Test Used: 🔲	Irritant Fume	IsoAmyl Acetate	☐ Saccharin ☐ Bitrex
Respirator Tested:	☐ Comfo Classic	□ Advantage	200LS 🖵 Advantaç	ge 1000 🚨 Advantage 3000
	□ Comfo II	☐ Comfo Elite	Ultra Elite	☐ Ultra-Twin
	□ Affinity 0	ther		_ □ Sm □ Std □ Lg
isfactory seal wit ing dentures, etc. Individuals with th	h individuals havir that could interfe nis condition shoul	ng beards, large re with the abilit d not be tested.	side burns or othe ty of the respirator	eces may not provide a sat- r conditions such as miss- to attain an adequate seal. described above exist?
2. Sensitivity Test	☐ Passe	d	☐ Failed	
3. Fit Test	Small		Standard	Large
Passed		_		
Failed		_		
RESPIRATOR ASSIG	NED:			
Spectacle Kit Requi	red? 🗀 YI	ES 🗆 NO		
Test Administrator's	Signature	Test Date	Employee's Signa	nture Date

MEA MEA This is to certify that MEA MEA				
MSA MSA MSA MSA MSA				
☐ Has been trained in the use, limitations, and maintenance of				
MSA Respirator(s).				
□ Has passed a Qualitative Fit Test with MSA Respirator(s). □ Comfo Classic □ Advantage 200LS □ Advantage 1000 □ Advantage 3000 □ Comfo II □ Comfo Elite □ Ultra Elite □ Ultra-Twin □ Affinity Other □ Sm □ Std □ Lg				
Expiration Date A MSA MSA MSA				
MSA MSA MSA MSA MSA MSA				
Test Date AACA AACINstructor				



Call toll free at 1-800-MSA-2222

NOTE: This document provides a means for recording qualitative fit test results on the named subject with the indicated respirator under controlled conditions established by OSHA protocol such as that published in 29 CFR 1910.134. MSA and the test administrator do not express or imply any guarantee that the fit obtained in this test is reproducible in actual use situations under conditions other than those present when the test was performed.

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