****

Health & Safety Services

***½ Mask Qualitative Face Fitting Testing Report***

version 1.0

|  |
| --- |
| **Completed by worker** |
| **School/Function name:** |
| **Staff/Student name:** | **Manager/Supervisor:** |
| **RPE Manufacture, model, size (serial number of reusable mask):** |
| **Test Exercise results** |
| **Completed by Tester** |
| **Was this person observed clean shaven before the test commenced:** Yes / no |
| **Testing Agent: sweet / bitter** | **Sensitive test sprays for calibration:** n= 10/20/30**Fit testing sprays to be used per 30secs:** n= 5/10/15  |
|  |
| **Test** | **Taste detected** yes/no | **Comments**(e.g. gap around nose ridge) |
| **Normal breathing 1 min** |  |  |
| **Deep breathing 1 min** |  |  |
| **Turning head side to side 1 min** |  |  |
| **Moving head up and down 1 min** |  |  |
| **Talking – reading reference text 1 min** |  |  |
| **Bending to waist 1 min** |  |  |
| **Normal breathing 1 min** |  |  |
|  |
| **Test outcome: Passed / Failed** | **Test date:** |
| **Test conducted by print name:****Signature** | **FFT next test date due:**  |
| **I understand the equipment is not to be used in an oxygen depleted atmosphere or one immediately dangerous to life, and is not to be used for purposes other than specified by the manufacture, including when used in combination with any filter cartridges that are designed for this respiratory protective equipment.****To my knowledge I have no medical problems to prevent me from using this equipment.** |
| **Employee signature:** | **Date** |