

Date:

RR 1607



Environmental Health and Safety
UNIVERSITY of WASHINGTON

**SCHOOL OF MEDICINE
EXTERNAL FIT TEST RECORD**

Last Name:

UWNetID:

Full First Name:

Student ID #:

Signature:

EXTERNAL FIT TEST PROVIDER

Company Name:

Address:

Phone:

FIT TEST RECORD

Make/Model (Circle)

Qualitative Fit

Quantitative fit

3M 1860

3M 1860S

3M 1870+

Tecnol

Halyard 46727

Qualitative Agent:

Puffs to Taste: _____

Normal Breathing

Deep Breathing

Side-side

Up-Down

Talking

Grimace

Bends

Normal

OVERALL SCORE

OVERALL RESULT

PASS

FAIL

Instructor/Fit Tester Name:

Signature:

NOTES