



Bitrex[®]

Qualitative Fit Test Record

Date: _____

Company: _____

Employee: _____

Respirator Used: _____

Of Squeezes to Sensitivity (10, 20, 30): _____

In order to pass, the subject must not detect BITREX[®] during any of the excercises.

Exercise

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| 1. Normal Breathing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Deep Breathing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Turning Head Side to Side: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Moving Head Up and Down: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Talking: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Jogging: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Normal Breathing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

OVERALL RESULTS

Fail: _____ Pass: _____

Comments: _____

Person Conducting Test

Employee:

I have been instructed in the proper use of the Moldex respirator.

I will follow all procedures, instructions, and warnings when wearing this type of respirator.

Signature _____

Date _____