

Qualitative Fit Test Report

3M FT-10 or 3M FT -30

Wearer details		RPE Details	
Name		Manufacturer	
Department		Model	
Company		Size	
Address:		Filter	
		Other PPE	
		Comments:	
Facial Hair		Individual issued / pooled / test mask	
Clean Palate			

Fit Test Kit

Sensitivity Test

(Tick appropriate box)

3M FT-10 (sweet)	
3M FT-30 (bitter)	

Number of squeezes used in the Sensitivity test (Circle no. of squeezes required)	Number of squeezes required at the start of the Fit Test	Number of subsequent squeezes every 30 seconds during the Fit Test
1-10	10	5
11-20	20	10
21-30	30	15

Fit Test

Exercise	Pass	Fail
1. Normal Breathing		
2. Deep Breathing		
3. Head Side to Side		
4. Head Up & Down		
5. Talking		
6. Bending at waist		
7. Normal Breathing		
Reveal Test		
Test valid	Yes	No
Retest required? Y/N	Reason:	

Date	
Retest Date (e.g. 2 years)	
Comments	
Signature Fit tester:	Signature RPE Wearer:
Name:	
Company:	
Address:	

Retention Policy: This report should be kept for at least five years