



# Mask Fit Test Results

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Employee Name: \_\_\_\_\_

**Respirator:**

The following respirator brand/model/size was successfully fitted for the above named employee:

- 3M 1860 N95 Small
- 3M 1860 N95 Regular
- Technol Small
- Technol Regular
- Other, please indicate brand, model and size: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Fit Test Operator: \_\_\_\_\_

Date: \_\_\_\_\_