



## **Fit Test Register**

| Organisation: |                   |                   |   | Date:                 |                    |      |
|---------------|-------------------|-------------------|---|-----------------------|--------------------|------|
| Traine        | ed Tester/s Name: |                   |   |                       |                    |      |
| Time          | Name              | Dept/Area of Work | Respirator<br>(please identify<br>model e.g. FSM18) | Pass 1st/<br>2nd/Fail | Tester<br>Initials | Date |
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