

	RESPIRATORY PROTECTION PROGRAM FIT TESTING CERTIFICATE	Document No.:	HSE-BF-019
		Department:	Operations
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Release authorized by:	D. Slattery	Page	Page 1 of 1

Name: _____

Employee No. _____

Department: _____

	List All Respirators Properly Fitted For			
Manufacturer				
Model				
Type (APR or ASR)				
Test Date				
Type of Test (QLFT or QNFT)				
Protection Factor				
Testing Agent				
Comments				
Employee Signature				