NCS Form 012:
Respiratory Protection Program
Respirator Fit Form

General Information	
Date:	Company:
Employee Name: (please print)	Location of Test:
Employee Social Security #:	Fit Tester:
Craft:	Local Number:
Facial Hair: ☐ Not Applicable (if no facial hair) ☐ Acceptable ☐ Unacceptable (i.e. beard etc.)	Facial Features: Not Applicable (if no notable facial features) Glasses ☐ Dentures ☐ Scars ☐ Other _____

Respirator Information and Fit Result		
Respirator Fit 1		**Respirator Fit 2**
Type:		**Type**: (print make and model of respirator)
Qualitative Fit Procedure: (circle one if qualitative) Bitrex Saccharin Amyl-Acetate Irritant Smoke		**Qualitative Fit Procedure**: (circle one if qualitative) Bitrex Saccharin Amyl-Acetate Irritant Smoke
Quantitative Fit Procedure: (check box if quantitative) ☐		**Quantitative Fit Procedure**: (check box if quantitative) ☐
Size: (circle) Small Medium Large		**Size**: (circle) Small Medium Large
Fit Result: (circle one) Pass Fail		**Fit Result**: (circle one) Pass Fail
Fit Factor: (quantitative fit only)		**Fit Factor**: (quantitative fit only)

Respirator Use Disclaimer

The Company named above has instructed me on the proper use of the respirator listed above. I understand the purpose and limitations of the respirator. I also understand that I must wear the proper respirator, properly fitted and tested at all times when respirator protection is required. I will report any respirator malfunction to my supervisor immediately.

Employee Signature	Date