



# Lusail Real Estate Development Company

## Health, Safety, Security, Environment, Logistics & Quality Department

### Lusail Construction Safety Procedural Forms/Checklists – Qualitative Fit Test Form

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## Qualitative Fit Test Form

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

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

Project/Location: \_\_\_\_\_

**Personal Use Conditions / Limitations:** Check all that apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> None                    | <input type="checkbox"/> Beard / Facial Hair | <input type="checkbox"/> Dentures       |
| <input type="checkbox"/> Prescription Eyeglasses |  | <input type="checkbox"/> Contact Lenses |
| <input type="checkbox"/> Scars / Other           | Explain: _____                               |   |

**Fit-Test Record**

Respirator (Make, Model and Size): \_\_\_\_\_

Competent Person Performing Fit-Test: \_\_\_\_\_

- Qualitative Fit-Testing Agent:
- Isoamyl acetate (banana oil)
  - Irritant smoke
  - Saccharin

**Fit-Test Results:**

- Fail:** Fit-test agent detected by fit-test subject during test. The subject must not wear the respirator until a successful (passing) fit-test is obtained; test is over; do not sign this form.
- Pass:** Fit-test agent not detected by fit-test subject (complete form)

*I have been fit-tested to ensure proper respirator size and facepiece-to-face seal. I have been instructed in the proper use, care and limitations of the respirator listed above. I have demonstrated the proper donning of this equipment in accordance with training received.*

\_\_\_\_\_  
Fit-Test Subject  
Signature