

# FIT Test Booking Sheet

Company Name: \_\_\_\_\_



Complete this booking sheet for every employee with a tight-fitting respirator (negative and positive pressure), include EACH respirator they use. **Please note:** loose fitting head tops connected to a PAPR blower do not require Fit testing

Employees name	Respirator model	Used for:	Any Facial restrictions
<i>E.g. Joe Bloggs</i>	<i>3M 7500</i>	<i>Sanding</i>	<i>Stubble, dentures</i>

Are you requiring Fit testing at a) Your workplace OR b) at ICS's office (circle appropriate option)  
 Please state if there any particular workdays that DO NOT work for testing?  
 Does your company have a current Respiratory Protection program? YES / NO

Please scan and email to: [rachel@icsweb.co.nz](mailto:rachel@icsweb.co.nz) A proposal will then be sent to you with some potential testing days.