

## QUALITATIVE FIT TEST REPORT FORM / BITREX METHOD

RPE WEARER DETAILS	
Last name	JSP Ltd
First name	JSP Ltd
Company name	JSP Ltd
Company address	JSP Ltd
Test date	JSP Ltd
Test time	JSP Ltd

RPE DETAILS					
Manufacturer	JSP Ltd	Model	JSP Ltd	Size	JSP Ltd
Is RPE the wearer's own mask?	YES <input type="checkbox"/> / NO <input type="checkbox"/> (Please tick)	Is RPE a test face-piece?	YES <input type="checkbox"/> / NO <input type="checkbox"/> (Please tick)		
Is RPE a company pool mask?	YES <input type="checkbox"/> / NO <input type="checkbox"/> (Please tick)	Is the RPE a disposable mask?	YES <input type="checkbox"/> / NO <input type="checkbox"/> (Please tick)		
Condition of mask worn for test:	JSP Ltd				
Other PPE worn during test, (Manufacturer, model and size if appropriate)					
JSP Ltd					
Was prescription eye wear worn during test: YES <input type="checkbox"/> / NO <input type="checkbox"/> (Please tick)					

FITTING	
Was instruction given on donning/doffing the RPE?:	YES <input type="checkbox"/> / NO <input type="checkbox"/> (Please tick)
Was the subject able to perform a fit check without assistance?:	YES <input type="checkbox"/> / NO <input type="checkbox"/> (Please tick)

**SENSITIVITY TEST:** 10  20  30  (Please tick)

FIT TEST EXERCISE :							
1	Normal Breathing	Fit <input type="checkbox"/>	No Fit <input type="checkbox"/>	5	Talking	Fit <input type="checkbox"/>	No Fit <input type="checkbox"/>
2	Deep Breathing	Fit <input type="checkbox"/>	No Fit <input type="checkbox"/>	6	Bending	Fit <input type="checkbox"/>	No Fit <input type="checkbox"/>
3	Head Side to Side	Fit <input type="checkbox"/>	No Fit <input type="checkbox"/>	7	Normal Breathing	Fit <input type="checkbox"/>	No Fit <input type="checkbox"/>
4	Head Up and Down	Fit <input type="checkbox"/>	No Fit <input type="checkbox"/>	<b>Overall Result</b>		Fit <input type="checkbox"/>	No Fit <input type="checkbox"/>

Was any repeat testing required?: YES  / NO  (Please tick)

<b>Recommended retest date:</b>	JSP Ltd	Please note that this date is guidance only, if there are any physical changes in the wearer, an earlier retest will be required.	
Assessor Surname	JSP Ltd	Assessor first name	JSP Ltd
Assessor Signature	JSP Ltd	Assessor's Company Name & Address	JSP Ltd
Date	JSP Ltd		
Wearer Signature	JSP Ltd	Date	JSP Ltd

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### MANUFACTURING FOR SAFETY

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