

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT FIT TEST FORM

EMPLOYEE'S NAME: _____

EMPLOYEE NUMBER: _____

TYPE OF FIT TEST:	BITREX	# OF SENSITIVITY SPRAYS	
		# OF TEST SPRAYS	
	SACCHARIN	# OF SENSITIVITY SPRAYS	
		# OF TEST SPRAYS	
	OTHER		

RESPIRATOR GAS MASK AVON FM-12	SIZE	SM	MED	LRG
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LEFT-HANDED RIGHT-HANDED

DATE OF TEST _____

PASS
FAIL

Signature of Employee Administering Test

Date

Signature of Employee Being Tested

Date

Original to employee's personnel file; one copy to employee; one copy to unit's respirator binder