Wellesley College

Qualitative FitTest Record

Date: _____________________________________________

Department: __________________________________________

Employee: ____________________________________________

<table>
<thead>
<tr>
<th>Respirator Tested</th>
<th>Make</th>
<th>Model</th>
<th>Style</th>
</tr>
</thead>
<tbody>
<tr>
<td>3M</td>
<td>8210</td>
<td>N95 Particulate</td>
<td></td>
</tr>
<tr>
<td>3M</td>
<td>8110S</td>
<td>N95 particulate</td>
<td></td>
</tr>
<tr>
<td>North</td>
<td></td>
<td>Half mask</td>
<td></td>
</tr>
</tbody>
</table>

| Sensitivity Test  | BITREX® | Saccharin | # Of Squeezes to Sensitivity (10, 20, 30):_____ |

In order to pass, the subject must not detect BITREX® or Saccharin during any of the exercises.

Does employee wear glasses? Yes ☐ No ☐

Does Employee have facial hair, dentures or other attributes that will prevent a positive face fit?

Yes ☐ No ☐

If subject does not detect the BITREX® during each exercise, mark “No” and continue on to next exercise. If the subject detects the BITREX® during any exercise, mark “Yes”, terminate test.

1. Normal Breathing: ☐ Yes ☐ No
2. Deep Breathing: ☐ Yes ☐ No
3. Turning Head Side to Side: ☐ Yes ☐ No
4. Moving Head Up and Down: ☐ Yes ☐ No
5. Talking: ☐ Yes ☐ No
6. Jogging in place or bending over: ☐ Yes ☐ No
7. Normal Breathing: ☐ Yes ☐ No

OVERALL RESULTS: Pass ☐ Fail ☐

I have been instructed in the proper use of this respirator and I will follow all procedures, instructions, and warnings when wearing this respirator.

__________________________________________  ________________  ____________________________________________  ________________
Test Administrator's Signature       Test Date       Employee's Signature       Date