



Government of **Western Australia**
Department of **Health**

Respirator fit test results

Healthworker name:

Date of fit test:/...../.....

Assessor:



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Assessor:

Respirator Name	Size	FT Achieved	FT Not Achieved	NA
Essity BSN (Proshield)	Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essity BSN (Proshield)	Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halyard (Fluidshield)	Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halyard (Fluidshield)	Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3M 1860s	Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3M 1860	Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3M 1870+ (Aura)	One size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trident	One size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FT = Fit test NA = Respirator not assessed

SHICC-013879 JAN'21

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