

Washington Township Fire Department Annual SCBA Facepiece Fit Test Record

Firefighter: _____ Date: _____

Fire Company: _____

SCBA Make & Model: _____

Facepiece Size: Small _____ Medium _____ Large _____

Conditions which could affect facepiece fit:

_____ Clean Shaven _____ Facial Scar _____ Dentures absent
_____ 1-2 Day Beard Growth _____ 2+ Day Growth
_____ Moustache _____ Eyeglasses _____ Other

Comments: _____

Facepiece Negative Fit-check:

_____ Pass _____ Fail _____ Not Done

Exhalation Valve Check:

_____ Pass _____ Fail _____ Not Done

Qualitative Fit Test: _____ Irritant Smoke _____ Other (specify_

_____ Pass _____ Fail

Comments: _____

Firefighter Acknowledgment of Test Results:

Signature of Firefighter

Signature of Officer Conducting the Test