

RESPIRATORY PROTECTIVE EQUIPMENT (RPE) QUALITATIVE FIT TEST FORM	MOD Form 5033
---	----------------------

Part 1 – Personal, RPE and Activity Details

Wearer details		RPE details	
Full Name		Type ¹	Choose an item.
Rank / Title		Manufacturer	
Staff / Service Number		Model	
Email Address		Size	Choose an item.
Signature		Condition	Choose an item.
Place of Work		Filter	
		NSN	
		Date RPE Issued	
		Replacement Due	
Comments			

Additional PPE Worn

Activity Details

Frequency RPE is to be worn		What is the task(s) undertaken and / or airborne hazard(s) controlled by your RPE?
Hourly	<input type="checkbox"/>	
Daily	<input type="checkbox"/>	
Weekly	<input type="checkbox"/>	
Monthly	<input type="checkbox"/>	
Yearly	<input type="checkbox"/>	

¹ BA – Breathing Apparatus. Only applicable to half-masks, not full-masks. Source: [Health and Safety Executive, INDG 479 – Guidance on respiratory protective equipment \(RPE\) fit testing](#)

Part 2 – Fit Test

Flavour of Aerosol	
Sweet	<input type="checkbox"/>
Bitter	<input type="checkbox"/>

Sensitivity Test					
Number of squeezes used in the Sensitivity Test		Number of squeezes required at the start of the Fit Test		Number of subsequent squeezes every 30 seconds during the Fit Test	
1 – 10	<input type="checkbox"/>	10	<input type="checkbox"/>	5	<input type="checkbox"/>
11 – 20	<input type="checkbox"/>	20	<input type="checkbox"/>	10	<input type="checkbox"/>
21 – 30	<input type="checkbox"/>	30	<input type="checkbox"/>	15	<input type="checkbox"/>

Fit Test			
Exercise	Pass (with comments)		Fail (with comments)
1. Normal Breathing	<input type="checkbox"/>		<input type="checkbox"/>
2. Deep Breathing	<input type="checkbox"/>		<input type="checkbox"/>
3. Turning Head Side to Side	<input type="checkbox"/>		<input type="checkbox"/>
4. Moving Head Up and Down	<input type="checkbox"/>		<input type="checkbox"/>
5. Talking	<input type="checkbox"/>		<input type="checkbox"/>
6. Bending Over	<input type="checkbox"/>		<input type="checkbox"/>
7. Normal Breathing	<input type="checkbox"/>		<input type="checkbox"/>
Overall Result	<input type="checkbox"/>		<input type="checkbox"/>
Test Valid	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Date of Test		Retest Date	
Tester Comments			

Tester Details			
Rank / Grade		Name	
Staff / Service Number		Signature	

Guidance Notes² for MOD Form 5033

NOTE: This form is specifically for the use of Qualitative Fit Tests (QLFT) only. If conducting a Quantitative Fit Test (QNFT), users **should** utilise the auto-generated report from the portacount machine and record the results appropriately. All tight-fitting respirators require fit testing.

Qualitative Fit Testing: Qualitative fit testing (QLFT) is a pass/fail test based on the wearer's subjective assessment of any leakage through the face seal region by detecting the introduction of bitter or sweet-tasting aerosol as a test agent. QLFT methods are suitable for disposable and reusable half masks; they are not suitable for full-face masks. Although this type of test is based on subjective detection and response by the wearer of the RPE, it is important that it is administered by a fit tester competent in using this method.

Quantitative Fit Testing: Quantitative fit testing (QNFT) provides a numerical measure of how well a facepiece seals against a wearer's face; this is called a fit factor. These tests give an objective measure of face fit. QNFT methods are suitable for disposable and reusable half masks and full-face masks.

Part 1 – Personal, RPE and Activity Details

1. **Wearer details.** Details of the person undergoing the RPE Fit Test are to be entered here. For hard copy versions, they **must** sign the form, for electronic versions an e-signature and confirmation via email (or by other auditable means) will suffice.
2. **RPE details.** The details of the RPE being tested is to be entered into this section.
 - a. **Filter.** The type of filter used on the wearer's RPE. Reference the information in Table 1 of these notes.
 - b. **Date RPE Issued / Replacement Due.** The full date is required.
 - c. **Comments.** The tester **should** enter any further comments here that are relevant, for example commenting further on the condition of the RPE being tested, specifying the size of the RPE if not listed or explaining the reason why one of the previous fields could not be completed.

² Fit Testing of RPE Guide can be found in [JSP 375, Vol 1, Chapter 15 - Personal Protective Equipment \(PPE\) and Respiratory Protective Equipment \(RPE\), Annex A.](#)

Filter types				
Colour code	Type	For use against	Class	Other information
White	P	Particles	1 2 3	European standard: EN 143
Brown	A	Organic gases and vapours, boiling point above 65 °C	1 2 3	European standard: EN 14387
Grey	B	Inorganic gases and vapours	1 2 3	European standard: EN 14387 Do not use against carbon monoxide
Yellow	E	SO ₂ and other acid gases	1 2 3	European standard: EN 14387
Green	K	Ammonia and its organic derivatives	1 2 3	European standard: EN 14387
Red & white	Hg P3	Mercury	–	European standard: EN 14387 Includes P3 particle filter Maximum use time 50 hours No class number
Blue & white	NO P3	Oxides of nitrogen	–	European standard: EN 14387 Includes P3 particle filter Single use only No class number
Brown	AX	Organic gases and vapours, boiling point at or below 65 °C	–	European standard: EN 14387 Single use only No class number
Violet	SX	Substance as specified by the manufacturer	–	European standard: EN 14387

Table 1³, Filter Types.

3. **Additional PPE Worn.** If the wearer is required to wear any other PPE when using the RPE, they **should** mention this here (with NSN's if known) and wear it during the fit test. This includes any spectacles.

4. **Activity details.** This section can help inform the frequency of testing. The frequency RPE is to be used **should** be entered in this section using the checkboxes provided, but if it varies, then include further details in the field titled “What is the task(s) undertaken and / or airborne hazard(s) controlled by your RPE?”. Within that section, a brief outline of the task/activity that is undertaken, and / or the airborne hazards that are to be controlled with the RPE. For example:

“Using the spray paint bay within the workshops, RPE to protect against paint vapours and particles.”

³ Source of information for Table 1 – [Health and Safety Executive, HSG 53](#)

Part 2 – Fit Test

5. **Flavour of Aerosol.** The flavour used for the sensitivity test **must** also be used for the fit test.
6. **Sensitivity Test.** The sensitivity test **must** be carried out with a test hood in place on the wearer, but with no mask worn. Using a nebuliser, the sensitivity solution is introduced into the test hood worn by the wearer. The purpose of the hood is to contain the atomised solution. The Fit Tester records the number of applications of solution required for the wearer to taste the solution. If the wearer does not taste the sensitivity solution after 30 squeezes the alternative taste solution or another fit test method **must** be used.
7. **Fit Test.** The fit test is conducted following the sensitivity test with the wearer now wearing the mask. It is important that the wearer has a clean palate prior to putting on the mask. There **must** be a gap of at least 5-10 minutes between the sensitivity test and the fit test, with the wearer having drunk a glass of still water to help cleanse their palate. The wearer **should** then conduct a pre-use wearer seal check. The wearer **must** pass the 7 exercises, each lasting at least 60 seconds, detailed in the Fit Test part of the form. The below Table (Table 2) provides a description of each exercise. During the exercises, the wearer **should** be standing.

Exercise	Description
1. Normal Breathing	The wearer should breathe normally with no head movements or talking.
2. Deep Breathing	The wearer should breathe slowly and deeply, taking care not to hyperventilate.
3. Turning head side-to-side	The wearer should slowly turn their head from side to side between the extreme positions on each side (approximately 15–20 times per minute). The head shall be held at each extreme momentarily so the wearer can inhale at each side.
4. Moving head up and down	The wearer should slowly move their head up and down (approximately 15–20 times per minute). The wearer should be instructed to inhale in the up position (that is, when looking toward the ceiling).
5. Talking	The wearer should talk slowly and loudly enough to be heard clearly by the fit tester. The wearer should read from a standard reading passage or count down from 100. The “Rainbow Passage” (at paragraph 8) is the preferred standard reading passage for the talking exercise.
6. Bending Over	From a normal standing position, the wearer should bend at the waist as if to touch their toes and then return to an upright position. Repeat approximately 10–15 times throughout the duration of the exercise.
7. Normal Breathing	Same as exercise 1.

Table 2⁴, Fit Test Exercises.

⁴ Source of information for Table 2 – [Health and Safety Executive, INDG479.](#)

OFFICIAL – SENSITIVE – PERSONAL (When completed)

8. **Rainbow Passage:** “When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colours. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot of gold at the end of the rainbow.”
9. During the 7 exercises, the tester **should** enter any specific comments relating to the exercises next to the check boxes. The wearer can be tested on the same respirator a second time if they failed at the first attempt. This is because failures are often a result of not taking enough care during fitting. If there is a second failure, then this **should** not be seen as a failure on their part. It is just an indication that the respirator tested has been shown not to fit them well enough and an alternative must now be tried, in order to find a model that will provide them with an adequate fit.
10. The overall result **must** then be marked, and the tester **must** confirm that the tests were valid. If the test was not valid for any reason, the tester **must** enter this information in the “Tester Comments” box.
11. If the Sensitivity Test and Fit Test were completed on different days, the date the Fit Test took place **should** be entered. The “Retest Date” is the proposed date that the wearer and the RPE **should** be next tested and **should** be no longer than 2 years from the date of the fit test. This **must** be the full date. If consumable replacements are frequently required, then this may affect the retest frequency.
12. **Tester Details.** Finally, the tester **must** enter their details and sign off the form, for electronic versions an e-signature and confirmation via email (or by other auditable means) will suffice.

OFFICIAL – SENSITIVE – PERSONAL (When completed)