



**SAFETY INDUSTRIES**  
**Quantitative Face Fit testing**  
**IMPORTANT INFORMATION**

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**Would you please read the details attached and forward them onto the relevant person(s)**

Fit Testing is carried out at our address Mon-Fri 8.30 am - 4.30 pm.

Anyone that requires testing must be booked in.

We are unable to fit test anyone that arrives without a booking.

**Tests booked that are not attended will be invoiced at £20.00 per person plus VAT**

**Prices**

**Fit Testing at Safety Industries, Romford.**

Price for each test is **£39.00+VAT**.

If both full face and half mask tests are completed at the same time **£72.00+VAT**

**Fit Testing on Site**

Please contact us for details, prices are based on travel distance/time and time on site.

**Very Important**

- **ANYONE THAT REQUIRES A FIT TEST MUST SHOW SOME IDENTIFICATION TO THE TESTER (Preferably a photocard with date of birth).**
- **THEY MUST BE CLEAN SHAVEN THAT DAY, WHERE THE MASK MAKES CONTACT WITH THE FACE.**
- **THEY MUST NOT SMOKE FOR AT LEAST TWO HOURS PRIOR TO THE TEST.**
- **THEY MUST BE FIT ENOUGH TO WALK SLOWLY ON A TREADMILL FOR 15 MINS.**
- **THEY MUST KNOW WHICH RESPIRATOR (S) AND SIZE OF FACE PIECE THEY ARE BEING TESTED ON.**
- **THEY MUST INFORM THE TESTER OF THE REQUIRED CERTIFICATE EXPIRY DATE OR WE WILL ADOPT THE ONE YEAR DEFAULT CERTIFICATE SETTING.**
- **IF OTHER HEAD MOUNTED PPE IS NORMALLY WORN (E.G. EYE WEAR, HARD HAT, EAR DEFENDERS) THESE ITEMS MUST BE BROUGHT ALONG AND WORN THROUGHOUT THE DURATION OF THE FIT TEST.**
- **IF COMBINATION FILTERS (Gas/Vapour) ARE NORMALLY WORN IN ADDTION TO P3 (Dust) FILTERS THEY MUST ALSO BE FITTED AND WORN DURING THE FIT TEST .**



# FACE FIT TEST BOOKING FORM

## CONFIRMATION

Please complete the attached booking form and fax back to 01708 381267  
 Email back to : sales@safetyindustries.com

Company Name :			
Customer Contact :			
Purchase Order Number :			
Length of Expiry required on cert. <b>(Please tick)</b>	1 Year	2 Years	3 Years

Candidate Name	1 <sup>st</sup> Choice of mask to be tested on	Date of Test	Time of Test

We have read and understand the *Quantitative Face Fit Testing Information*.

Please Note:

We are unable to face fit test any employees that you send to us if they do not meet the criteria

Authorised by : ..... Position in Company : .....

Authorisation Signature ..... Date .....