



Date of evaluation:

Institution performing evaluation:

## Evaluation Grid – Fit Test – SafeMask® Architect Pro™

### Fit test information

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**1. Gender of the individual**

Female     Male     Non-binary/prefers not to respond

**2. Size of respirator used**

Small     Medium     Large

**3. Was the individual trained on how to put on the respirator before the fit test?**

Yes     No

**4. Was the seal test performed prior to the fit test?**

Yes     No

**5. Type of fit test**

Qualitative (EAQL)     Quantitative (EAQT)

**6. Results of fit test**

Pass     Fail

### In case of failure

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**8. At what stage of the fit test did the failure occur?**

Initial dose (EAQL)     Deep respiration     Vertical nodding of the head     Bending forward  
 Normal respiration     Lateral movement of the head     Verbal communication

**9. In your opinion, where on the respirator did the seal fail?**

Nose     Chin     Side     Other (specify):

**10. Morphological particularities of the individual (e.g., prominent chin or nose, hollow cheeks, receding chin, etc.)**

**11. Please provide any other details that may be helpful in identifying the cause of the failure (nose clip not fitting properly, PPE interfering, etc.)**