

**University of Kansas
Respiratory Protection Program**

Respirator Selection/Fit Test Record

Employee: _____
Job Title: _____
Campus Unit: _____
Date of Last Respirator
Selection/Fit Test: _____

Employee medical qualification/evaluation performed by a LHCP? Yes No

Results: Pass Fail
Comments:

Contaminant/Exposure Monitoring Conducted? Yes No

Contaminant:
Exposure Monitoring:

Respirator Required? Yes No

Comments:

Respirator Selection/Fit Test

Manufacturer: _____ Model: _____
Type: _____

Fit Test Type: Qualitative Quantitative
Fit Test Result: Pass Fail
Protection Factor: _____
Comments:

Person Performing Selection/Fit Test: _____

Employee Signature: _____ Title: _____ Date: _____

KU-EHS Dept Signature: _____ Title: _____ Date: _____

For Questions regarding this form, contact the KU-EHS Dept at 864-4089.