

**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.