

Appendix C

Qualitative Respirator Fit-Test Record

General

School District: St Cloud School District # 742
Employee Name: _____
Department/Location: _____
Job Title/Classification: _____
Type(s) of Exposures: _____

Medical Records

Most Recent Physical: _____

Physician's Approval to Wear Respirator: Yes ☐ No ☐ Unknown ☐

Respirator Training

Employee has received training on the following:

☐ Selection of Respirator	☐ Cleaning
☐ Uses/Limitations	☐ Positive Pressure Test
☐ Storage	☐ Negative Pressure Test
☐ Inspection	☐ Qualitative/Quantitative Fit-Tests

Fit-Test Data

Respirator Brand/Size: _____ Individually Assigned: Yes ☐ No ☐
Type: Half-Face ☐ Full-Face ☐ PAPR ☐
Respirator ID#: _____
NIOSH Approval No.: _____ Cartridges: _____
Test Protocol: Isoamyl Acetate ☐ Irritant Smoke ☐ Other _____
Saccharin/ Bitrex™ ☐ Screening Threshold (number of squeezes) _____

Fit-Test Results

☐ Positive Pressure	☐ Side-to-Side Movement
☐ Negative Pressure	☐ Up and Down Movement
☐ Normal Breathing	☐ Talking (Rainbow Passage)
☐ Deep Breathing	

Results: Pass ☐ Fail ☐

Comments: _____

Employee _____ Date _____

Examiner _____ Date _____