



Appendix B

CLARK COUNTY SCHOOL DISTRICT
RESPIRATOR FIT TEST RECORD

QUALITATIVE RESPIRATOR FIT TEST

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of test: \_\_\_\_\_

Type of mask: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_

Half-mask ( ) \_\_\_\_\_ Full-face ( ) \_\_\_\_\_ Hood ( ) \_\_\_\_\_

Irritant Smoke Test:

Table with 4 columns: Type and brand of Respirator, Half-face, Full-face, PAPR, Pass, Fail. Contains 3 rows of test results.

Odorous Vapor Test:

Table with 4 columns: Type and brand of respirator, Half-mask, Full-face, PAPR, Pass, Fail. Contains 3 rows of test results.

Test conducted by: \_\_\_\_\_

Re-test Due: \_\_\_\_\_