

# RESPIRATORY PROTECTION REQUEST

For use of this form, see AR 11-34

## SECTION I. (COMPLETED BY SUPERVISOR)

NAME OF USER:	GRADE AND SERIES:	JOB TITLE:
ACTIVITY/DIVISION AND BUILDING NUMBER.:		
DESCRIPTION/TYPE OF WORK BEING DONE:		
SUPERVISOR'S SIGNATURE:	PHONE:	DATE:

## SECTION II. (COMPLETED BY OCCUPATIONAL HEALTH, MEDDAC)

- Class (check one):  No restriction on respirator use.  
 Specific use restrictions (see below).  
 No respirator use is permitted.

Restriction: \_\_\_\_\_

EVALUATING PHYSICIAN'S SIGNATURE:	DATE:
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## SECTION III. (COMPLETED BY INDUSTRIAL HYGIENE SECTION, MEDDAC)

ASSESSMENT OF EXPOSURE POTENTIAL:

RECOMMENDED PROTECTION:

<input type="checkbox"/> Half-face Air Purifying	<input type="checkbox"/> Single-use Air Purifying
<input type="checkbox"/> Powered Air Purifying (PAPR)	<input type="checkbox"/> Full-face Air Purifying
<input type="checkbox"/> Self-contained Breathing Apparatus (SCBA)	<input type="checkbox"/> Supplied Air
<input type="checkbox"/> Other (Describe): _____	<input type="checkbox"/> ESLI - Recommended change: _____ hours

INDUSTRIAL HYGIENIST'S SIGNATURE:	DATE:
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## SECTION IV. (COMPLETED BY INSTALLATION RESPIRATORY ADMINISTRATOR)

Type of Respirator Issued:  Self-contained

Manufacturer: \_\_\_\_\_  Negative Pressure

Model No: \_\_\_\_\_  Powered Air Purifying

I certify that training has included instruction and practice in leak test, adjustments, visual inspections, hazards involved, cleaning/disinfection and storage principles in accordance with 29 CFR 1910.134.

RESPIRATOR ADMINISTRATOR'S SIGNATURE:	DATE:
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## SECTION V. (EMPLOYEE'S STATEMENT COMPLETED AT TIME OF FIT TEST)

I am aware that in addition to fit-testing by a competent individual, I must:

- Fit-test my respirator prior to each use,
- Report any improper fit, damage or defect to my supervisor,
- Not wear an ill-fitted or defective respirator, and
- Require a new fit test if there is any change in facial configuration (e.g., weight loss, surgery, etc.).

EMPLOYEE'S SIGNATURE:	DATE:
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