



REQUEST FOR RESPIRATOR CLEARANCE

Employee Name: _____
Job Title: _____

Work Phone Extension: _____
Best Time to Phone: _____

Instructions to Safety Manager or Supervisor: Please check all respirators and other applicable items that apply to the employee's job functions. Sign and print your name and the date of the request. Send this form to the servicing examination facility so that they can schedule a medical evaluation of the employee.

Request for NIOSH-approved respirator:

- single use, filter mask (four attachment points)
- full-faced cartridge-type, negative pressure
- full-faced powered cartridge-type (PAPR)
- hood/helmet powered cartridge-type (PAPR) (not positive pressure)
- half-faced cartridge-type, negative pressure
- half-faced powered cartridge-type (PAPR)
- self-contained breathing apparatus (SCBA)
- half faced/full faced/hood/helmet positive pressure air-line respirator

Frequency of Use:

- Daily
- Monthly
- Emergency use only
- Other: _____
- Weekly
- Yearly

Duration of Use:

- < 30 min per work day
- 30 - 60 min per work day
- 1 - 4 hours per work day
- 4 - 8 hours per work day, or more

Other Personal Protective Equipment (PPE) to be used:

- Barrier clothing (Tyvek, etc., coveralls, chemical splash suit)
- Safety glasses/splash goggles
- Fully encapsulated suit
- Other: _____

Job Functions while the employee will be wearing the respirator (check all that apply):

- regular job duties** require use of respirator; please refer to position description for these activities
- light** physical activity (sitting or standing to control machines, performing hand or arm work)
- moderate** physical activity (walking about with moderate lifting/carrying/pushing)
- heavy** physical activities (lifting/carrying greater than 25 lbs, sustained effort requiring whole body movements)
- HAZMAT** Team Activities: Level: A B C D (as per 29 CFR 1910.120)
- confined space** activities or work in awkward small spaces
- solitary/isolated** duty
- unusual environmental conditions** (excessive heat, cold, humidity, high altitude, etc.)
- toxic substances** (describe substance(s), and the exposure level, frequency, and duration):

Signature of Requesting Safety Officer or Supervisor _____ Date _____

Printed Name of Requesting Safety Officer or Supervisor (phone # with area code) _____

* Original of this document to remain with employee's occupational health record.