AUBURN UNIVERSITY

Print Form

Respirator Program Request

Check Appropriate

Initial Enrollment _____

Renewal Enrollment _____

To be completed by supervisor:

Employee Name: _____ Employee number #: _____

Department: _____ Supervisor: _____ Phone #_____

I. Circle type of respirator to be used: Air-purifying (non-powered)

Air-purifying (powered)

II. Level of Work Effort (Circle One):

Light Moderate Heavy Strenuous

III. Extent of Usage (Circle One)

Daily basis Occasionally - but more than once per week Rarely

Length of time anticipated effort (hours): _____

Special Considerations : _____

Anticipated type of chemical/dust exposure (provide category of materials and MSDS's if possible):

_____

_____

To be completed by examining physician:

Based on a medical evaluation I have conducted of the aforementioned employee utilizing a medical questionnaire and/or medical examination, the following is my opinion of the employee's ability to utilize the type respiratory protection referenced.

Use Status (Circle One)

a) No restrictions on respirator use

b) Restrictions on respirator use

Restrictions:

_____

_____

_____

_____

c) No respirator use permitted

_____ _____

Examining Physician Date

Examing physician, please return completed request form to: Supervisor: _____

Address: _____

_____

_____

_____