

RESPIRATOR CLEARANCE REPORT

Individuals who choose to go to their personal physician shall have this form completed and returned to the Personnel office prior to respirator training and fit testing.

Name: _____ SSN: _____

The above named employee is cleared to use the following respirators:

Cartridge/Air-Purifying type Respirators:

- Chemical Agents Protective Mask
- Half-Face Respirator
- Full Face Respirator

- 1year
- 2years
- 3years
- Other _____ (not to exceed 5 yrs.)

Self Contained Breathing Apparatus (SCBA)

- 1year
- 2years
- 3years
- Other _____ (not to exceed 5 yrs.)

Power Air Purifying Respirator (PAPR)

- 1yr.
- 2years
- 3years
- Other _____ (not to exceed 5 yrs.)

N-95

- 1yr.
- 2years
- 3years
- Other _____ (not to exceed 5 yrs.)

Limitations:

To be completed by Civil Service EHS Staff.	
Not cleared to use the following respirators: <ul style="list-style-type: none"> <input type="checkbox"/> Cartridge/Air-Purifying (including Chemical Agent Protective Mask) <input type="checkbox"/> Self Contained Breathing Apparatus (SCBA) <input type="checkbox"/> Power Air Purifying Respirator (PAPR) <input type="checkbox"/> N95 	Additional Requirements: <ul style="list-style-type: none"> <input type="checkbox"/> EHS Medical Examination Req'd. or Clearance from Personal physician <input type="checkbox"/> Incomplete Questionnaire, must resubmit Attachment "A" to EHS <input type="checkbox"/> Clearance from Personal physician req'd.

Signed _____ Date _____
Licensed Health Care Professional (Personal Physician or EHS)

A re-evaluation for respirator use at any earlier interval may be required if any of the conditions in 29 CFR 1910.134, section e(7) occur.

The information on this form will be recorded in the KOCH system and then filed within the confidential employee personal medical file.