

Appendix D: Respirator Issuance Form

Employee Name: _____

Title/Department: _____

Filter Selection: Organic Vapor/Acid Gas Dust/Mist Filter HEPA Filter
(Circle all that apply) Fume/Dust/Mist Filter Paint Spray/Pesticide Other: _____

Respirator Selection: Full Face Half Face Filtering face piece: N95 or P100 or N100
(Circle all that apply) Self Contained Supplied Air Powered Air (PAPR)

Model: _____ **Size:** S M M/L L Regular none specified

Limitations: Beard Dentures Glasses None

Fitting: Negative/Positive Pressure test Isoamyl Acetate Test

Pass Fail Stannic Chloride

Bitrex/Saccharin

{# of squeezes _____}
sensitivity solution

RESPIRATOR SPECIFICATION FORM

Job Description: _____
(job while wearing mask)

Contaminant: _____ Concentration level: _____
ppm or mg/m3

Recommended Respiratory Protection (based on contaminant & fit test results)

NIOSH Approval Numbers: TC _____

Employee name (print) _____

Employee Signature _____ Date: _____

Instructor name (print): _____ Signature: _____ Date: _____

__ Medical Eval. to Dick's House __ Voucher to Dicks House __ Employee seen at Occ. Med/DHMC