

Appendix D: Respirator Issuance Form

Employee Name: _____ **Employee ID Number:** _____

Title: _____

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 Signature _____ **Date:** _____

Instructors Name: _____

__Medical Eval. to Dick's House _Voucher to Dicks House _Employee seen at Occ. Med/DHMC