

# Respiratory Protection Plan – Form 3: Respirator Assignment and Fit Record

Employee Name: \_\_\_\_\_ Voluntary Use: \_\_\_\_\_

Respirator Use Location: \_\_\_\_\_

Operation in Which Respirator is Used: \_\_\_\_\_

Chemical Exposure: \_\_\_\_\_

Frequency of Respirator Use: \_\_\_\_\_ Duration of Respirator Use: \_\_\_\_\_

Respirator Type: \_\_\_\_\_ Date Respirator Issued: \_\_\_\_\_

Respirator Make / Model / Size: \_\_\_\_\_ Date of Fit-Test: \_\_\_\_\_

Cartridges / Filters Supplied: \_\_\_\_\_

## **User Instructions:**

Positive Pressure Test: \_\_\_\_\_ Negative Pressure Test: \_\_\_\_\_

Donning & Doffing Methods: \_\_\_\_\_ Cleaning: \_\_\_\_\_ Maintenance: \_\_\_\_\_

Problems with the respirator which require immediately leaving the area and seeking assistance from your supervisor or EH&S:

- Breathing becomes difficult \_\_\_\_\_
- Dizziness or other distress \_\_\_\_\_
- Sense irritation, smell or taste contaminants \_\_\_\_\_
- Respirator becomes damaged \_\_\_\_\_

1. I, *the above named employee*, understand that a respirator must fit properly in order to be effective. I have been fit-tested while wearing the above named respirator for a face-to-face seal. I have worn the respirator in ambient air to familiarize myself with it and I have worn it in a testing atmosphere while undergoing a qualitative fit-test.
2. I have received instructions and have had the opportunity to practice donning and wearing the respirator. I know how to adjust it and determine if it is fitting me properly. I am aware that I am in violation of safety codes and College policy if I wear the respirator with a beard, stubble or other facial hair that interferes with either the respirator's seal on my face, or valve function. I also understand that a proper seal cannot be made over the temples of eye glasses.
3. I understand that I am responsible for the daily maintenance and proper storage of my College issued respirator and that I must return it to EH&S when my job no longer requires that I wear the respirator, or I terminate my employment with the College.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

EHS Signature: \_\_\_\_\_

Date: \_\_\_\_\_