

PROTECTIVE MASK/RESPIRATOR REQUEST

SECTION 1 - User Information (completed by supervisor or sponsor)

1. Name of User: Print or Type)

Last Name First Name MI

2. Social Security Number

3. Job Title and Series/MOS:

4. Phone Number:

5. Bldg Number:

6. Organization:

7. Office Symbol:

8. Description/Type of work being done:

9. List potential contaminants and their physical state:

10. Additional protective clothing/equipment to be worn:

11. Will mask/respirator be used for escape purposes only? (Circle one)

Yes

No

12. temperature extremes:

High

F

Low

F

13. Humidity extremes:

Low (0-39%)

Medium (40-60%)

High (61-100%)

14. Expected physical work effort:

Light

Moderate

Heavy

15. Hours per day expected to use respirator:

16. Days per week expected to use respirator:

17. Printed name and signature of supervisor/sponsor

18 Date

SECTION II - Industrial Hygiene Evaluation (completed by the supporting Industrial Hygiene office)

1. Assessment of exposure potential:

2. Recommended protection:

Powered Air Purifying (PAPR)

Self-Contained Breathing Apparatus (SCBA)

Emergency Breathing Apparatus

Military Mask

Half-Face Air Purifying

Full-Face Air Purifying

Supplied Air

3. Comments:

4. Respirator considered voluntary use?

Yes

No

5. Type of cartridge needed:

6. Recommended cartridge change-out schedule:

7. Printed name and signature of Industrial Hygienist:

8. Date

SECTION III - Medical Information (Completed by Occupational Health)

1. Restrictions (Check all that apply)

- No restriction on respirator use No respirator use is permitted Optical inserts required
- Restriction - power air purifying respirator required (PAPR)
- Specific respirator use restrictions, as follows:

2. Other comments:

--

3. Printed name and signature of Physician

--

4. Date

--

SECTION IV - User Authentication (Completed by User)

Training Date:

--

I am aware that in addition to having received training and a respirator fit test by a competent individual, I must positively and negatively fit check my respirator prior to each use; report an improper fit, damage, or respirator defect to my supervisor/sponsor, and request a new fit test if there is any change in my facial configuration (e.g., weight loss/gain, surgery, etc.).

User's signature

--

Date

--

Data Required by the Privacy Act of 1974 (5 U.S.C. 552A)

Authority: Title 29 Code of Federal Regulations, Part 1960.66(c) and Executive Order 12196

Prescribing Directives: Title 29 Code of Federal Regulations, Part 1910.134, AR 11-34, and APGR 385-4

Principal Purpose: Record and track mask and respirator users on APG to ensure accuracy and avoid duplication of records.

Routine Uses: Used by safety and occupational health personnel to record respirator and mask users. The social security number (SSN) is used to identify the individual to prevent possible duplication of respirator records, records substantiation of medical clearance for equipment use, and correlate exposure data.

Disclosure and Effect on Individual Not Providing This Information: Disclosure is voluntary. However, since proper maintenance of medical records and statistical data is essential to successful compliance with these mandates, failure to provide the SSN may result in denial of respiratory protective equipment or result in it being obtained from other sources so as to ensure that all data being provided are accurately recorded and filed.