DEPARTMENT OF HOMELAND SECURITY

FEDERAL LAW ENFORCEMENT TRAINING CENTERS
REQUEST FOR RESPIRATOR MEDICAL CLEARANCE

Agency Name: _____

Employee Name: _____ **SS#:** _____

Job Title: _____

Work Phone & Ext: _____ **Best Time to Phone:** _____

Instructions to Safety Officer or Supervisor: Please check all respirators and other applicable items that apply to the employee's job functions, sign and print your name and the date of the request. **Forward** this form to the servicing examination facility or your FOH contact person (Agreement Manager) so that a medical evaluation of the employee can be scheduled.

Request for NIOSH-approved respirator:

- ☐ single use, filter mask (4 attachment points)
- ☐ full-faced cartridge-type, negative pressure
- ☐ full-faced powered cartridge-type (PAPR)
- ☐ hood/helmet powered cartridge-type (PAPR) - (not positive pressure)
- ☐ half-faced cartridge-type, negative pressure
- ☐ half-faced powered cartridge-type (PAPR)
- ☐ self-contained breathing apparatus (SCBA)
- ☐ half faced/full faced/hood/helmet positive pressure airline respirator

Frequency of Use:

- ☐ daily ☐ weekly
- ☐ monthly ☐ yearly
- ☐ emergency use only
- ☐ other: _____

Duration of Use:

- ☐ < 30 min per work day
- ☐ 30 - 60 min per work day
- ☐ 1 - 4 hours per work day
- ☐ 4 - 8 hours per work day, or more

Other Personal Protective Equipment (PPE) to be Used:

- ☐ safety glasses/splash goggles
- ☐ barrier clothing (Tyvek´, etc., coveralls, chemical splash suit)
- ☐ fully encapsulated suit
- ☐ other: _____

Job Functions While the Employee Will be Wearing the Respirator (check all that apply) :

- ☐ **regular job duties** require use of respirator; please refer to position description for these activities
- ☐ **light** physical activity (sitting or standing to control machines, performing hand or arm work)
- ☐ **moderate** physical activity (walking about with moderate lifting/carrying/pushing)
- ☐ **heavy** physical activities (lifting/carrying > 25 lbs, sustained effort requiring whole body movements)
- ☐ **HAZMAT** Team Activities: Level: ☐ A ☐ B ☐ C ☐ D (as per 29 CFR 1910.120)
- ☐ **confined space** activities ("Permit-Required" or awkward small spaces not usually occupied by man)
- ☐ **solitary/isolated** duty
- ☐ **unusual environmental conditions** (excessive heat, cold, humidity, high altitude, etc.)
- ☐ **toxic substances** (describe substance(s), and the exposure level, frequency, and duration):

_____ _____

Signature of Requesting Safety Officer or Supervisor Date

_____

Printed Name of Requesting Safety Officer or Supervisor

Copy to be placed in employee's Health Record