

Respirator Program Request

Initial Enrollment _____
Renewal Enrollment _____

To be completed by supervisor (must be filled completely):

Employee Name: _____ UK ID#: _____

Department: _____ Supervisor: _____ Phone #: _____

Mailing Address: _____

I. Circle type of respirator to be used: Air-purifying (non-powered) Air-purifying (powered)

II. Level of Work Effort (circle one): Light Moderate Heavy Strenuous

III. Extent of Usage (circle one): Daily Basis Occasionally-but more than once per week Rarely

Length of time anticipated effort (hours): _____

Special Considerations: _____

Anticipated type of chemical/dust exposure (provide category of materials and MSDS's if possible):

To be completed by examining physician:

Based on a medical evaluation I have conducted of the aforementioned employee utilizing a medical questionnaire and/or medical examination, the following is my opinion of the employee's ability to utilize the type respiratory protection referenced.

Use Status (Circle One)

- a) No restrictions on respirator use
- b) Restrictions on respirator use

Restrictions:

- c) No respirator use permitted

Examining Physician: _____ Date: _____

Examining physician, please return completed request form to:

Melissa Claar
University of Kentucky Occupational Health & Safety
252 E. Maxwell Street Lexington, KY 40506-0314
Campus Mail: Speed Sort 0314
&
Copy to the above listed supervisor.