Respiratory Protection Processing Form

Part 1: This section should be completed by the person required by their supervisor to use respiratory protection during the course of work activities and PRIOR to the medical evaluation.

Name__________________________ Job Title______________________________
Department_________________ Work Phone/NAU ID#_____________________

Part 2: This section should be completed by the employee’s department PRIOR to the medical evaluation.

Department Supervisor_________________ Date_____________________
Type of respirator to be used (half-face, full-face, PAPR, etc.):______________________________
Description of work effort (circle one):  Low      Moderate       Strenuous
Type of work to be performed with respirator use:______________________________
Special environmental conditions:___________________________________________
Names of each toxic substance during exposure/work:___________________________
Estimated maximum exposure level during work:_______________________________
Duration of exposure per shift:_____________________________________________

Part 3: This section should be completed by the health care provider after the medical evaluation.

Health Care Provider: NAU Campus Health Services  Phone#:____________________
Name of Examining Health Care Provider (print):______________________________
Signature of Examining Health Care Provider:___________________________

Patient is (circle one): without restrictions physically able to wear a respirator.
with restrictions physically able to wear a respirator.
Describe restrictions__________________________________________________

Patient is not physically able to wear a respirator.

Part 4: This section should be completed by the employee’s department AND EH&S after training and fit-testing.

Department Supervisor (print and sign):____________________________________

Employee was was not trained in respiratory protection (circle one).
Employee was was not fit-tested with respirator (circle one).

Respirator Specifications:
Make/Model_________________ Size (S/M/L)_________________
Filter Type(s)__________________________________________________________