

# RESPIRATOR AUTHORIZATION CARD

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ DEPT/DIV: \_\_\_\_\_ DOB: \_\_\_\_\_

**MEDICAL CLEARANCE MUST BE RECEIVED AND EACH OF THE FOLLOWING SECTIONS COMPLETED PRIOR TO ISSUE AND USE OF A RESPIRATOR. A COMPLETED COPY OF THIS FORM IS TO BE PROVIDED TO THE INDIVIDUAL AND COPY MAINTAINED ON FILE IN THE SOH OFFICE FOR 3 YEARS.**

| <u>REQUIREMENT</u>  | <u>DATE</u> | <u>INITIALS</u> |
|---------------------|-------------|-----------------|
| CLASSROOM TRAINING: | _____       | _____           |
| VIDEOTAPE:          | _____       | _____           |
| FIT TEST:           | _____       | _____           |

### FIT TEST INFORMATION

| <u>RESPIRATOR</u>  | <u>#1</u> | <u>#2</u> | <u>#3</u> |                  |
|--------------------|-----------|-----------|-----------|------------------|
| POSITIVE PRESSURE: | _____     | _____     | _____     |                  |
| NEGATIVE PRESSURE: | _____     | _____     | _____     | <i>P=PASSED</i>  |
| ISOAMYL ACETATE:   | _____     | _____     | _____     | <i>F=FAILED</i>  |
| IRRITANT SMOKE:    | _____     | _____     | _____     | <i>N=NOT RUN</i> |
| SACCHARIN MIST:    | _____     | _____     | _____     |                  |

### RESPIRATOR INFORMATION

| <u>RESPIRATOR</u> | <u>MANUFACTURER</u> | <u>MODEL</u> | <u>SIZE</u> | <u>TC NUMBER</u> |
|-------------------|---------------------|--------------|-------------|------------------|
| #1                | _____               | _____        | _____       | _____            |
| #2                | _____               | _____        | _____       | _____            |
| #3                | _____               | _____        | _____       | _____            |

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
MEMBERS SIGNATURE

\_\_\_\_\_  
RPPM or REPRESENTATIVE