MULTIPLE RESPIRATOR REQUEST

From: _____

To: Shop 06, Safety Repair

1. The following respirators are requested to support a special evolution.

Type of Respirator	Size	Quantity	Filter
MSA Comfo II/Elite	_____	_____	_____
MSA Ultravue FF	_____	_____	_____
MSA Battery Powered	_____	_____	_____
EEBD	_____	_____	_____
MSA COMBO (CPBDBA)	_____	_____	_____
DUO-Twin	_____	_____	_____
Ultra-Twin	_____	_____	_____
QWL Disp. 3M 8512/8210	_____	_____	_____
Abrasive Blast	_____	_____	_____

Other:

_____ _____ _____

_____ _____ _____

_____ _____ _____

Job Type: _____

Job Location: _____

2. All respirators are to be returned to Shop 06, Safety Repair:
   a. Immediately after any use
   b. Immediately when the EEBD pressure gauge is below the green zone.
   c. At no longer than 15 day intervals.

3. I certify that all employees using these respirators are qualified/hold a current respirator card and are medically certified. Respirators will be issued to:

Name	Badge Number
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Additional employees are to be listed on a seperate sheet of paper/attached.

_____ _____

Date Supervisor's Signature / Badge Number

Requesting supervisor is to provide a copy of this complete enclosure, and any additional sheets, to the Code 106 RPPM (Fax: 6-4826) when submitting to Shop 06.