TIGER TEAM AND SHIPS FORCE RESPIRATOR REQUEST

From: _____

To: Shop 06 (Bldg 171, 3rd Floor)

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

Respirator Type	Size	Quantity	Cartridge/Canister Type
MSA Comfo II/ELITE	_____	_____	_____
MSA Ultravue	_____	_____	_____
MSA PAPR (Battery Pack)	_____	_____	_____
MSA Combo (CPDBA)	_____	_____	_____
EEBD	**N/A**	_____	**N/A**
Other:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Operation Requiring Respirator:

Location of Operation: _____

Dates of Operation: _____

3. All respirators, as applicable, will be returned to Shop 06 upon completion of operation, upon return to NNSY, or as otherwise specified by Shop 06. In addition, all EEBD's must be returned to Shop 06, Safety Supplies:

a. Immediately after any use
b. Immediately when the EEBD pressure gauge is below the green zone
c. After no longer than 15 days

4. Tiger Team Sign Off: I certify that all personnel who will be assigned to use the requested respirators are qualified in ATMS to wear the respirators requested and are medically qualified and trained to use said respirators in accordance with OSHE Program Manual II-21, Respiratory Protection. I understand that any misrepresentations made by collecting and issuing respirators using this form can only be construed as deliberate malpractice.

_____ Date

_____ Signature of Supervisor and Badge Number

-OR-

5. Ship's Force Sign Off: I certify that all personnel who will be assigned to use the requested respirators are fully trained and medically qualified with in accordance with OPNAVINST 5100.23 (latest revision).

_____ Date

_____ Signature of Commanding Officer or Executive Duty Officer or **Command Duty Officer**

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.