

# Appendix D: Respirator Issuance Form

**Employee Name:** \_\_\_\_\_ **Employee ID Number:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Filter Selection:** Organic Vapor/Acid Gas    Dust/Mist Filter    HEPA Filter  
(Circle all that apply)  
Fume/Dust/Mist Filter    Paint Spray/Pesticide    Other: \_\_\_\_\_

**Respirator Selection:** Full Face    Half Face    Filtering face piece: N95 or P100 or N100  
(Circle all that apply)  
Self Contained    Supplied Air    Powered Air (PAPR)

**Model:** \_\_\_\_\_ **Size:** S M M/L L Regular none specified

**Limitations:** Beard    Dentures    Glasses    None

**Fitting:** Negative/Positive Pressure test     Isoamyl Acetate Test

Pass     Fail     Stannic Chloride

Bitrex/Saccharin

{# of squeezes \_\_\_\_\_}  
sensitivity solution

## RESPIRATOR SPECIFICATION FORM

**Job Description:** \_\_\_\_\_  
(job while wearing mask)

**Contaminant:** \_\_\_\_\_ **Concentration level:** \_\_\_\_\_  
ppm or mg/m3

Recommended Respiratory Protection (based on contaminant & fit test results)

NIOSH Approval Numbers: TC \_\_\_\_\_

**Employee Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Instructors Name: \_\_\_\_\_

\_\_Medical Eval. to Dick's House    \_Voucher to Dicks House    \_Employee seen at Occ. Med/DHMC