



**REQUIRED EMPLOYER INFORMATION
for
RESPIRATOR SUITABILITY/MEDICAL CLEARANCE**

Company: _____ Contact/Supervisor: _____
Address: _____ Phone: _____
Employee: _____ DOB: _____ SS#: _____

Circle type of Respirator(s) to be used:

- | | |
|-----------------------------------|---------------------------------|
| Atmosphere - supplying respirator | Continuous - flow respirator |
| Open - circuit SCBA | Closed circuit SCBA |
| Supplied - air respirator | Combination air - line and SCBA |
| Air - purifying (non-powered) | Air - purifying (powered) |

Level of work effort (circle one): Light Moderate Heavy Strenuous

Extent of usage:

1. On a daily basis
2. Occasionally - but more than once a week
3. Rarely - or for emergency situations only

Length of time of anticipated effort in hours: _____

Special work considerations (e.g., high places, temperature, hazardous material, protective clothing, etc.):

A. Please describe employee duties as they relate to the employees exposure/anticipated exposure:

B. Please identify employees representative exposure level or anticipated exposure level:

C. Please list all Personal Protective Equipment (PPE) to be used:

Safety Representative

Date