

MEDICAL CLEARANCE FOR RESPIRATOR USE

Part I: To be completed by the supervisor

EMPLOYER _____

Employees Name Social Security Number

Date of Birth Supervisor's Name Department

Circle Type or Types of Respirator(s) to be used:

| | |
|---------------------------------|----------------------------|
| Atmosphere-supplying respirator | Continuous-flow respirator |
| Open-circuit SCBA | Closed circuit SCBA |
| Supplied-air respirator | Combined air-line, SCBA |
| Air-purifying (nonpowered) | 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 (i.e. high places, temperature, hazardous material, protective clothing, etc. if none, state non)

Date _____

Supervisor

Part II to be completed by the employee

EMPLOYEE _____

Have you worn a respirator? _____ Yes No
If yes, describe any difficulties noted with the respirator use:

Date _____

Employee Signature

Part III: To be completed by Physician

CLASS (Circle One):

1. No restrictions on respirator use
2. Some specific use restrictions (explain below)
3. No respirator use permitted (explain below)

Restrictions _____

Date _____
Examining Physician Signature _____

RESPIRATOR SELECTION WORKSHEET

1. Material

A. Chemical Name _____

B. Trade Name _____

C. Formula _____

D. Allowable Concentration Limits, TLV or TWA:

(1) HIOSH 12-202-4 _____

(2) Current ACGIH _____

(3) Short-Term Exposure Limit (STEL) _____

2. FORM IN WHICH IT WILL BE USED

A. ☐ Liquid

B. ☐ Solid

C. ☐ Gaseous

D. If gaseous, is it an ☐ organic vapor, ☐ acid gas,
or ☐ other?

3. MAXIMUM EXPECTED CONCENTRATION

A. ☐ Parts per million

B. ☐ Milligrams per cubic meter

C. Duration of exposure to maximum expected concentration

4. WILL MATERIAL BE HEATED

A. ☐ Yes

B. ☐ No

C. If so, to what temperature _____

5. WHAT IS THE ODOR THRESHOLD OF THE MATERIAL?

6. AT WHAT CONCENTRATION IS THE MATERIAL CONSIDERED TO BE
IMMEDIATELY DANGEROUS TO LIFE OR HEALTH?

7. CAN THE SUBSTANCE BE ABSORBED THROUGH THE SKIN?

☐ Yes

☐ NO

- | | Yes | No |
|--|-----|-----|
| 8. IS THE SUBSTANCE AN IRRITANT TO THE EYES? | () | () |
| IS THE SUBSTANCE AN IRRITANT TO THE RESPIRATORY TRACT? | () | () |
| IS THE SUBSTANCE AN IRRITANT TO THE SKIN? | () | () |
| 9. AT WHAT CONCENTRATION IS THE SUBSTANCE AN IRRITANT? | | |
| <hr/> | | |
| 10. IF THE SUBSTANCE IS KNOWN TO BE FLAMMABLE, WHICH ARE THE LOWER AND UPPER FLAMMABLE LIMITS IN PERCENT BY VOLUME? | | |
| <hr/> | | |
| 11. WHAT IS THE VAPOR PRESSURE OF THE MATERIAL? | | |
| <hr/> | | |
| 12. WILL THE MATERIAL BE MIXED WITH OTHER CHEMICALS? | | |
| () Yes () No | | |
| IF SO, GIVE DETAILS | | |
| <hr/> | | |
| <hr/> | | |
| 13. IS THERE ANY POSSIBILITY OF OXYGEN DEFICIENCY? | | |
| | () | () |
| 14. CAN GOOD VENTILATION IN THE AREA BE MAINTAINED? | () | () |
| 15. WILL THE EXPOSURE BE CONTINUOUS? | () | () |
| 16. WILL THE RESPIRATORY DEVICE BE USED FOR ROUTINE EXPOSURE? | () | () |
| WILL THE RESPIRATORY DEVICE BE USED AS AN ESCAPE DEVICE? | () | () |
| WILL THE RESPIRATORY DEVICE BE USED AS AN EMER- GENCY REENTRY DEVICE? | () | () |
| 17. PROVIDE AS MUCH FURTHER DETAIL AS POSSIBLE CONCERNING EXPOSURE CONDITIONS. | | |

*Note: This worksheet is a modification of Mine Safety
Appliances Bulletin 1000-16, and acknowledgment is
hereby given to MSA for the original idea.