



## Annual Respiratory Protection Clearance

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Title: \_\_\_\_\_ Employee Phone: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ eID: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

College/Unit: \_\_\_\_\_ Department: \_\_\_\_\_

### **Information for Employee and Supervisor**

This form must be completed annually *prior* to fit testing by Kansas State University Environmental Health and Safety (EHS). **(Note: If this is the initial/first enrollment into the respiratory protection program, employee must fill out the Initial Respiratory Protection Clearance and Enrollment *instead of this form.*)** If fit testing is conducted elsewhere, test documentation must be provided to EHS, along with a copy of this completed form. Email to [respirator@ksu.edu](mailto:respirator@ksu.edu) or mail hard copy to the address listed below.

**Respiratory protection training must also be completed and submitted before employee will be contacted for a respirator fit test.** Complete the "Respiratory Protection" online training through Vivid. Contact EHS if employee needs assistance gaining access to this training.

**Email this completed form to [respirator@ksu.edu](mailto:respirator@ksu.edu) or mail hard copy to the address listed below.** EHS will contact employee to schedule the annual fit test after receiving this form and upon confirmation of training completion.

### **Question for Employee**

Have there been changes to your health, medical status, or physical abilities (e.g., a positive response on the Respirator Medical Evaluation Questionnaire) that might affect your ability to wear respiratory protection?

- Yes    If yes, contact [EHS](mailto:EHS) by email, or phone 785-532-5856, for consultation.  
 No

Annual clearance may be sent by email to: [respirator@ksu.edu](mailto:respirator@ksu.edu)  
or hard copy can be mailed to:

KSU Environmental Health & Safety  
(attn/sub: Occupational Health)  
135 Dykstra Hall  
1628 Claflin Road  
Manhattan, KS 66506

**or fax 785-532-1981**



### Annual Respiratory Protection Clearance

**PART ONE**

**Type of respirator** (*Unsure? Contact EHS by email respirator@ksu.edu or phone 785-532-5856*)

- N, R, or P disposable respirator e.g., N95, P100 (filter mask, non- cartridge type only)
- Half facepiece (negative pressure) respirator
- Full facepiece (negative pressure) respirator
- Supplied-air respirator/Airline
- Self-Contained Breathing Apparatus (SCBA)
- Powered-air purifying respirator (PAPR) **tight fit**
- Powered-air purifying respirator (PAPR) **loose fit**

**Why do you need respiratory protection?** (Check all that apply.)

- Asbestos work; check applicable:  16-hour  abatement worker  supervisor  inspector
- Laboratory worker/researcher with occupational exposure potential to specific hazards
- Facilities maintenance (e.g., painting, lead paint removal, welding, etc.) Specify: \_\_\_\_\_
- Non-routine use to permit safe entry to restricted areas where exposure is possible.
- Clinic or healthcare use  Visual or performing arts
- Hazardous waste technician\*  Emergency responder\*
- Other: \_\_\_\_\_

**\*Hazardous waste and emergency response may require the use of restrictive personal protective clothing that can be confining and hot. Medical assessment for these duties should consider the burden of these special conditions. Emergency response will also involve high stress situations, and strenuous activities with physical demands beyond routine work conditions.**

**Duration of respirator use**

- Escape only (no rescue)
- Emergency rescue only
- Less than 2 hours per use
- 2 to 4 hours per use
- More than 4 hours per use

**Frequency of respirator use**

- Less than 5 times per year
- 5 to 10 times per year
- About once per month
- About once per week
- Other: \_\_\_\_\_

**Expected physical work effort**

- Light/Sedentary  Moderate  Strenuous  Very Strenuous

**Potential for heat stress**

- High  Moderate  Low

If high or moderate, describe: \_\_\_\_\_

**Potential inhalation hazards or special conditions encountered while wearing the respirator(s)**

- Confined spaces  BSL3 work  Life-threatening conditions
- Chemical vapor/gas. List: \_\_\_\_\_
- Particulates. List: \_\_\_\_\_
- Radioisotopes. List: \_\_\_\_\_
- Human pathogens. List: \_\_\_\_\_
- Other: \_\_\_\_\_