



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 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 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 by email, or phone 785-532-5856, for consultation.
 No

Annual clearance may be sent by email to: respirator@ksu.edu
or hard copy can be mailed to:

KSU Environmental Health & Safety
(attn/sub: Occupational Health)
108 Edwards Hall
1810 Kerr Dr.
Manhattan, KS 66506

or fax 785-532-1981



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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: _____