



Date _____

RESPIRATORY PROTECTION AND ODH APPROVAL FORM

Name _____ I.D. _____

___ Lab Employee Division/Section _____

___ Contractor/Consultant Employer _____

___ User/Other Institution _____

RESPIRATORY PROTECTION

New Request for Respirator Medical Surveillance (*Circle One*) YES NO

Medical Surveillance Request for Respiratory Protection Usage Form Date: _____

Individual is MEDICALLY FIT to wear the following:

- ___ Self-Contained Breathing Apparatus (SCBA)
- ___ Air-line Respirator (ALR)
- ___ Powered Air-Purifying Respirator (PAPR)
- ___ Negative Pressure Air-Purifying Respirator (APR)
- ___ **Individual is PROHIBITED from wearing a respirator.**

Fermilab Medical Professional

Review Date

OXYGEN DEFICIENCY HAZARDS (ODH) OPERATIONS

Individual is classified as follows:

- ___ ODH QUALIFIED (MEDICALLY FIT to participate in all ODH Class 1 or greater operations).
- ___ ODH RESTRICTED (MEDICALLY FIT to participate in ODH Class 1 and ODH Class 2 operations when escorted by an ODH QUALIFIED person).
- ___ ODH EXCLUDED (PROHIBITED from participation in any ODH Class 1 or greater operation).

COMMENTS/LIMITATIONS (*Circle One*) None As Indicated Below

Fermilab Medical Professional

Review Date

DISTRIBUTION: Original to Medical File ESH&Q Section Copies to Supervisor Employee Division/Section Safety Officer (if not qualified)