



## Medical Surveillance Request for Respiratory Protection Usage

Date

### Employee Information:

*(Select one)*

Lab Employee

Contractor

User/Other

Respirator User's Name

ID

Supervisor's Name

Div/Sec

Company/Institution

### Respirator Types\*:

*(Select those that apply)*

- Self-Contained Breathing Apparatus (SCBA)
- Air-Line Respirator Loose-Fitting (ALRLF)
- Air-Line Respirator Tight-Fitting (ALRTF)
- Powered Air-Purifying Respirator Loose-Fitting (PAPRLF)
- Powered Air-Purifying Respirator Tight-Fitting (PAPRTF)
- Negative Pressure Air-Purifying Respirator (APR)
- BioMarine BioPak 240 (BMBP)

### Supplemental Respirator Information:

Respirator Duration & Frequency of Use:  hour(s) per

- Day
  - Week
  - Month
  - Year
- (Select one)*

Description of Work  
Being Performed

Additional Personal  
Protective Equipment

Temperature Extremes or  
Humidity Extremes

Supervisor or ES&H Representative

Date

\*The physician or other licensed health care provider shall be shown examples of the various types of respirators protection by the ESH&Q Section.