

**Medical Surveillance Request for Respiratory Protection Usage**

Name \_\_\_\_\_ ID# \_\_\_\_\_

\_\_\_\_ Lab Employee Division/Section \_\_\_\_\_ Supervisor \_\_\_\_\_

\_\_\_\_ Contractor/Consultant/User/Other

Employer \_\_\_\_\_ Division/Section \_\_\_\_\_ Institution \_\_\_\_\_

**Respirator Type(s)\* (Please Check):**

- 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)
- Bio Marine BioPak 240 (BM BP)

**Supplemental Respirator Information:**

Respirator Use Duration \_\_\_\_\_ hours

Respirator Use Frequency (circle one)    Day    Week    Month    Year

Description of work being performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional Personal Protective Equipment Required: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Temperature Extremes: \_\_\_\_\_ Humidity Extremes: \_\_\_\_\_

\_\_\_\_\_  
Supervisor/ESH&Q Representative

ID#

Date

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