

## Chapter 29: [Respiratory Protection](#) Respirator User Form

Product ID: [281](#) | Revision ID: 2640 | Date Published: 13 September 2023 | Date Effective: 13 September 2023  
URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/respiratorFormUser.pdf>

This form is for documenting authorization to use a respirator and completion of required medical evaluation, training, and fit testing. It is to be completed before a worker may use a respirator for the first time, annually thereafter, and when a respirator is no longer needed. See [Respiratory Protection: Evaluation and Certification Procedure](#) (SLAC-I-730-0A09C-004). The respiratory protection program manager maintains the completed forms.

### 1 Supervisor Authorization

Worker name ( <i>print</i> )					
Respirator needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments		
Name ( <i>print</i> )		Signature		Date	

### 2 Respiratory Protection Recommendations and Authorization (*to be completed by ESH coordinator*)

Respirator needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Why?		
Respirator type	Half mask <input type="checkbox"/>	Manufacturer		Size	
	Full face <input type="checkbox"/>				
	Other _____		Model		
Cartridge type		Filter type		Changeout schedule	
Name ( <i>print</i> )		Signature		Date	

### 3 Medical Clearance ([ESH Course 241ME](#)) (*to be completed by Occupational Health*)

Medically qualified to wear respirator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Restrictions on use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe any restrictions					
Name ( <i>print</i> )		Signature		Date	

### 4 Respiratory Safety Training Completion ([ESH Course 241](#)) (*to be completed by worker*)

Date training completed	
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### 5 Practical Training and Fit Test ([ESH Course 241PRA](#)) (*to be completed by respiratory protection program manager*)

Training completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fit test completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fit test type	<input type="checkbox"/> QNFT <input type="checkbox"/> QLFT	Fit factor	
Name ( <i>print</i> )		Signature		Date					

Program manager ends copies of completed form to worker, supervisor, and Occupational Health; maintains original