



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

Product ID: [281](#) | Revision ID: 2179 | Date Published: 23 March 2020 | Date Effective: 23 March 2020
 URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/respiratorFormUser.pdf>

ENVIRONMENT, SAFETY & HEALTH DIVISION

This form is for documenting authorization to use a respirator and completion of required training, medical evaluation, 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 Occupational Health Center maintains completed forms.

Requester Information

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

Supervisor Authorization

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

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: _____	Manufacturer	Model	Size	
	Full face: _____				
	Other: _____				
Cartridge type			Filter type	Changeout schedule	
Name (<i>print</i>)			Signature	Date	

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

Date training completed	
-------------------------	--

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

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	

Practical Training and Fit Test ([ESH Course 241PRA](#)) (*to be completed by Occupational Health Center staff*)

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		