

ANNUAL RESPIRATOR CLEARANCE FORM

Health Clearance and Annual Registration to the Respiratory Protection Program

Respirator User: _____ netID: _____

Resp. User Title: _____ email: _____

Supervisor Name: _____ email: _____

Department: _____

Resp. User Signature: _____

Information for the Respirator User and Supervisor

Complete the section above and PART ONE of this form. This form must be completed annually and submitted to MSU Environmental Health and Safety (EH&S) *prior* to fit testing. (Note: If this is the initial or first enrollment into the respiratory protection program, the respirator user must fill out the Initial Respirator Clearance and Enrollment Form instead of this form.)

Respiratory Protection Training must be completed before the respirator user will be contacted for a respirator fit test. This training is required annually. Complete the Respiratory Protection online training through the EH&S website. Contact MSU EH&S at workplacesafety@ehs.msstate.edu if you need assistance gaining access to the online training.

Submit this completed form to EH&S via email or hard copy to the address listed below. EH&S will contact the respirator user to have the annual fit test scheduled after receiving this form and upon confirmation of completed training.

Question for the Respirator User

Have there been changes to your health, medical status, or physical abilities (e.g., positive response on the Respirator Medical Evaluation Questionnaire) that might affect your ability to wear respiratory protection?

Yes - Follow-up medical evaluation is required. Complete PART ONE of this form in conjunction with the **Respirator Medical Evaluation Questionnaire (Appendix E)** and submit to the medical provider. PART TWO of this form is to be completed and signed by the medical provider and returned to EH&S.

No - Submit this page and PART ONE to EH&S.

Initial clearance may be sent via email to: workplacesafety@ehs.msstate.edu
or a hard copy can be mail to:

MSU Environmental Health & Safety
ATTN: Workplace Safety
Box 9559
Mississippi State, MS 39762



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PART ONE (To be completed by the respirator user with assistance from the supervisor)

Type of Respirator

N, R, or P disposable respirator e.g., N95, P100
(filter mask, non-cartridge type only)
Half facepiece (negative pressure) respirator
Full facepiece (negative pressure) respirator

Supplied-air Respirator/Airline
Self-Contained Breathing Apparatus (SCBA)
Powered-air purifying respirator (PAPR) **tight fit**
Powered-air purifying respirator (PAPR) **loose fit**

Why Do You Need Respiratory Protection? (Check All That Apply)

Laboratory Worker or Researcher with Occupational Exposure Potential to Specific Hazards
Facilities Management (e.g., Painting, Lead Paint Removal, Welding, etc.) Specify: _____
Campus Landscape
Non-Routine Use to Permit Safe Entry to Restricted Areas Where Exposure is Possible
Clinic or Healthcare Use Visual or Performing Arts
Hazardous Waste Technician* Emergency Responder*
Other: _____

*Hazardous waste and emergency response may require the use of restrictive personal protective clothing that can be confining and hot. Medical assessment for these duties should consider the burden of these special conditions. Emergency response will also involve high stress situations, and strenuous activities with physical demands beyond routine work.

Duration of Respirator Use

Escape only (no rescue)
Emergency rescue only
Less than 2 hours per use
2 to 4 hours per use
More than 4 hours per use

Frequency of Respirator Use

Less than 5 times per year
5 to 10 times per year
About once per month
About once per week
Other: _____

Expected Physical Work Effort

Light/Sedentary Moderate Strenuous Very Strenuous

Potential for Heat Stress

High Moderate Low

Potential Inhalation Hazards or Special Conditions Encountered While Wearing the Respirator(s)

Confined Spaces BSL3 Work Life-threatening Conditions
Chemical Vapor/Gas Specify: _____
Particulates Specify: _____
Radioisotopes Specify: _____
Human Pathogens Specify: _____
Other: _____



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PART TWO (To be completed by the licensed health care provider and returned directly to MSU Environmental Health and Safety, by mail or email workplacesafety@ehs.msstate.edu.)

Medical Release and Approval

I have reviewed health information and/or examine _____

(Print MSU Respirator User on Page 1)

and determined that they are /are not medically approved to wear the indicated respiratory protection devices in the performance of their job functions (as described herein [Part One]) with * or without limitations.

Medical Health Care Provider Signature

Date

Name of Health Care Provider: _____

Name of Firm: _____

Address: _____

Phone Number: _____

***If approved for one, but not all** indicated respirators (refer to those checked on Page One), or **If approved with Limitations**, please provide classification below.

Please indicate which devices **MAY** be used by the Respirator User as applicable:

N, R, or P disposable respirator e.g., N95, P100
(filter mask, non-cartridge type only)

Half facepiece (negative pressure) respirator

Full facepiece (negative pressure) respirator

Supplied-air Respirator/Airline

Self-Contained Breathing Apparatus (SCBA)

Powered-air purifying respirator (PAPR) **tight fit**

Powered-air purifying respirator (PAPR) **loose fit**

If Not Approved for one or all of the requested devices, or if approved with limitations, indicate whether restriction is:

Permanent

Until Further Notice

Until (Specify a Date): _____

Additional Comments and/or Restrictions: _____

