

Form 1: Respirator Supervisor Authorization & Conditions of Use

Both pages to be completed by Employee's Supervisor--Please print

Department:	
Supervisor name:	
Date:	
Supervisor Signature:	

- ✓ I authorize the following Trent University employees to participate in a half mask respirator fit test.
- ✓ I understand that this certification is required every 2 years but may be done on a yearly basis or after;
- ✓ If the employee has any physical changes that alters the shape of their face they must be retested e.g. weight change of more than 10%, significant dental changes (multiple extractions without prosthesis, or dentures)
- ✓ Employees will not share respirators
- ✓ An employee may require retraining on proper respirator use, care & storage—I will monitor to ensure the user is correctly following protocol
- ✓ I will provide a suitable storage area for each respirator (avoid areas of high/low temperature, excessive humidity, dust)
- ✓ I will provide each user with an airtight (sealable) bag to store their respirator. When possible the cartridges, should be removed and stored separately in their own sealable bag to prevent contamination and degradation of the filter material.
- ✓ I understand that an employee will advise me if they experience any changes that may affect their ability to wear a respirator
- ✓ I understand that the half-mask air purifying respirator does not supply oxygen and it is not to be used in an oxygen deficient atmosphere (e.g. in the event of a fire or confined space)
- ✓ I understand that it is not to be used in areas which have high concentrations of contaminants or that are IDLH (immediately dangerous to life or health)
- ✓ I understand that the respirator only purifies the air and that cartridges and filters must be matched to the task being performed/hazards presented.
- ✓ I understand that filters and cartridges have a limited life span and must be changed as per protocol our department has established

Employee name	Position (staff/student etc)	Date training received (this column to be completed by Science Facilities):

Attach additional pages if necessary

Once form is received, Science Facilities will contact Employee to arrange a fit test
Return to Angela Sikma c/o ESB A203 angelasikma@trentu.ca ext. 6253

SECTION A: RESPIRATOR USER INFORMATION (EMPLOYEE)

Employee Name:	
Date:	Employee extension or cell number:
Employee email:	
Employee Job title:	
Department:	
Name of immediate Supervisor:	

SECTION B: CONDITIONS OF USE

List airborne hazards (check all that apply):

Asbestos	<input type="checkbox"/>	Dust	<input type="checkbox"/>	Biohazard	<input type="checkbox"/>
Silica	<input type="checkbox"/>	Vapour	<input type="checkbox"/>	Isocyanates	<input type="checkbox"/>
Fume	<input type="checkbox"/>	Other (specify):			

Types of respirator Employee is required to use (check one that applies):

N95	<input type="checkbox"/>	Half Face respirator with cartridges	<input type="checkbox"/>
N100	<input type="checkbox"/>	P95 or P 100:	<input type="checkbox"/>

Briefly describe activities performed while wearing a respirator:

Exertion level during use	<input type="checkbox"/> light	<input type="checkbox"/> moderate	<input type="checkbox"/> heavy	
Frequency of use	<input type="checkbox"/> Daily	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
Duration of use/ shift	<input type="checkbox"/> less than 15 min	<input type="checkbox"/> more than 15 min	<input type="checkbox"/> more than 2 hrs	<input type="checkbox"/> variable
Temperature during use	<input type="checkbox"/> less than 0°C	<input type="checkbox"/> Between 0°C - 25°C	<input type="checkbox"/> More than 25°C	<input type="checkbox"/> variable
Weight carried during use (estimated)	Maximum (kg)		Average (kg)	<input type="checkbox"/> n/a

Other personal protective equipment required

<input type="checkbox"/> Gloves	<input type="checkbox"/> Lab coat	<input type="checkbox"/> safety shoes
<input type="checkbox"/> Safety glasses/eye protection	<input type="checkbox"/> Tyvek suit	<input type="checkbox"/> other (specify):

List any other special work considerations

If you know the specific respirator that is required for use, list them here, e.g. used at hospital placement. Indicate all manufacturer make(s) & model(s) the institution provides.

Supervisor's signature: _____ Date: _____