

Respirator Users Approval Document

best medical inc	lgment.			is (initial all that apply):
		(name)		is (initial and that appropri
A	Approved to v	wear the following r	espirators:	
_		Filtering Face Piece	e (N-95 dust mask)
_		Escape Only Resp	irator	
_		Half Mask Respira	tor	
_		Full Mask Respira	tor	
_		SCBA		
	Required to come for a medical evaluation before respirator clearance can Be given.			
<i>F</i>	Are approved with the following conditions			
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_				
N	Not approved	for respirator use		
	11			
Signature of PLHCP				Date

Fax to Chemical Safety at 713-500-5841