

Instructions for completing the
Review for Respirator Use
Occupational Medicine Program
UNIVERSITY OF FLORIDA
January 2014

Completion of the Review for Respirator Use is required for all employees, students, volunteers and contractors (working under direct UF supervision) who are required, or elect, to wear respiratory protection as part of their work with the University of Florida. Care must be exercised to match the type of respirator to the potential respiratory hazard. Individuals who voluntarily wear filtering facepieces (dustmasks) are covered by this policy only as addressed in the Voluntary Use section. Additional instructions for respiratory protection may be found in other EH&S policies and programs addressing specific hazards (e.g. Asbestos, Q-Fever, or Confined Space Entry). Details about UF's Respiratory Protection Policy can be found at <http://www.ehs.ufl.edu/programs/ih/respirator/>.

Environmental Health and Safety (EH&S) reviews the specific details of the requested respirator use and identifies the type of respirator to be used. The Student Health Care Center (SHCC) then reviews the medical history to determine potential health risks to the individual and whether further clinical interaction or preventative steps are necessary to protect the individual's health. Once the medical clearance is established, EH&S provides the required initial and annual fit tests and training.

Routing of Review for Respirator Use Form

- **Online version:** <https://connect.ufl.edu/ehs/occmcd/respiratorreview/default.aspx>
 - **PDF version:** <http://webfiles.ehs.ufl.edu/respreq.pdf> (if online version is unavailable)
1. The supervisor completes the Employee, the Supervisor, the Respirator Use and Contaminant Information on the Review for Respirator Use form and submits it to EH&S. EH&S reviews the description of use, identifies the type of respirator to be used and forwards the form to the SHCC.
 2. The individual completes the health questionnaire and forwards it to the SHCC for review. For a tight-fitting respirator, use the Initial Medical Questionnaire for Respirator Use form. <http://www.ehs.ufl.edu/OCCMED/initial.pdf>
For an N95 respirator, use the Medical History Questionnaire for N95 Filtering Face Piece Respirators form. <http://www.ehs.ufl.edu/OCCMED/N95.pdf>
 3. The SHCC reviews both the Review for Respirator Use and the health questionnaire and establishes a clearance status.
 4. Once cleared, the supervisor contacts EH&S at 392-1591 for a fit test and training appointment.

Contact Information

- Environmental Health and Safety Ph: (352) 392-1591; Fax: (352) 392-3647
- SHCC Occupational Medicine Clinic Ph: (352) 294-5700; Fax: (352) 846-2003

Remember

AN INDIVIDUAL MUST BE MEDICALLY CLEARED AND FIT TESTED BEFORE HE OR SHE USES A RESPIRATOR AT THE UNIVERSITY OF FLORIDA.

In addition to the initial requirements, there are annual requirements

- For a tight-fitting respirator, annual medical clearance and fit testing is also required;
- For an N95 respirator, annual fit test is also required.

Contact Information

Employee First Name		Employee Last Name		UFID
UFL.EDU Email				Date of Birth
Work Phone		UF Position Title		UF Position #
Department/Division				
Supervisor		Supervisor Email		Supervisor Phone
Frequency of Use: <input type="checkbox"/> Not applicable <input type="checkbox"/> 1- 11 days per year <input type="checkbox"/> 1-3 days per month <input type="checkbox"/> 1- 2 days per week <input type="checkbox"/> 3-5 days per week <input type="checkbox"/> Emergency Use Only	Duration of Use: <input type="checkbox"/> Not applicable <input type="checkbox"/> 0-1 hours per day <input type="checkbox"/> 1-4 hours per day <input type="checkbox"/> 4-8 hours per day <input type="checkbox"/> > 8 hours per day	Exertion Level While Wearing Respirator: <input type="checkbox"/> Not applicable <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Strenuous	Location of Use: <input type="checkbox"/> Outdoors <input type="checkbox"/> Greenhouses <input type="checkbox"/> Indoors-not air conditioned <input type="checkbox"/> Other: (List) <input type="checkbox"/> Indoors-air conditioned	
Contaminant (List by Name)			Work Activities	
Acids:				
Bases:				
Organics:				
Pesticides:Describe: _____ Toxicity Class I pesticide(s)? Y / N (Circle one) Cholinesterase-inhibiting pesticide(s) Y / N (Circle one) (Organophosphates or carbamates)? If either pesticide category is Yes, individual must be in Pesticide User Monitoring Program.				
Other Chemical Agents:				
Asbestos Abatement:			Asbestos Incidental Contact:	
Biological Agents:				
Radiological Agents:				
Special Considerations:				

EH&S Review

Type of Respirator(s): <input type="checkbox"/> Filtering Facepiece (N95 N99 N100) <input type="checkbox"/> Negative Pressure <input type="checkbox"/> Powered Air-Purifying <input type="checkbox"/> Supplied Air <input type="checkbox"/> Self Contained Breathing Apparatus (SCBA)	Type(s) of Face piece: <input type="checkbox"/> Half Face <input type="checkbox"/> Full-Face <input type="checkbox"/> Hood	Other Personal Protective Equipment: <input type="checkbox"/> Gloves <input type="checkbox"/> Eye Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Boots <input type="checkbox"/> Fall Protection Harness <input type="checkbox"/> Hard hat <input type="checkbox"/> Other (list) :
Respirator Use: (circle one) Required / Not Required / Voluntary		Pesticide User Medical Monitoring Program: (circle one) Required / Not Required
EH&S Signature: _____		Date: _____

Student Health Care Center Statement

1. ___ No Restrictions on Respirator Use 2. ___ Specific Use Restrictions 3. ___ No Respirator Use Permitted Comments: <i>The above named employee has been informed of the results and any medical conditions that require further examination.</i> Reviewing Medical Officer _____ Date _____
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