



ENVIRONMENTAL HEALTH AND SAFETY
RESEARCH SAFETY AND INDUSTRIAL HYGIENE

Annual Respiratory Protection Clearance

Employee Name: _____

Employee Title: _____

Employee ID: _____ Date: _____

Phone: _____ Email: _____

SpeedType: _____ **Signature:** _____

Department (or other employer): _____

Supervisor Name: _____

Phone: _____ Email: _____

Information for Employee and Supervisor

This form must be completed annually **prior** to fit testing by University of Colorado Denver | Anschutz Medical Campus Environmental Health and Safety (EHS). (**Note: if this is the initial/first enrollment into the respiratory protection program, employee must fill out the Initial Respiratory Protection Clearance and Enrollment instead of this form.** If fit testing is conducted elsewhere, test documentation must be provided to EHS, along with a copy of this completed form. Email to EHSRespirator.Fittest@ucdenver.edu.

Respiratory protection training must also be completed and submitted before you will be contacted for a respirator fit test.

N95 users: Must complete the “CU: N95 Respirator Safety” online training, save a copy of your completion certificate, and email the certificate to EHSRespirator.Fittest@ucdenver.edu.

All other types of respirators: Must complete the “Respiratory Protection” online training, save a copy of your completion certificate, and email the certificate to EHSRespirator.Fittest@ucdenver.edu.

Email this completed form, along with your training certificate to EHSRespirator.Fittest@ucdenver.edu and you will be contacted to schedule your annual fit test.

Question for Employee

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

- Yes If yes, contact [EHS Occupational Health](#) by email, or phone 303-724-9145, for consultation.
- No

PART ONE

Type of respirator (Unsure? [Contact EHS](#) by email, or phone 303-724-0345.)

- | | |
|---|---|
| <input type="checkbox"/> N, R, or P disposable respirator (filter mask, non-cartridge type only, such as N95) | <input type="checkbox"/> Supplied-air respirator |
| <input type="checkbox"/> Half facepiece (negative pressure) respirator | <input type="checkbox"/> Self-Contained Breathing Apparatus (SCBA) |
| <input type="checkbox"/> Full facepiece (negative pressure) respirator | <input type="checkbox"/> Powered-air purifying respirator (PAPR) tight fit |
| | <input type="checkbox"/> Powered-air purifying respirator (PAPR) loose fit |

Why do you need respiratory protection? (Check all that apply.)

- Asbestos work; check applicable: 16-hour abatement worker supervisor inspector
- Laboratory worker/researcher with occupational exposure potential to specific hazards
- Facilities maintenance (e.g., painting, lead paint removal, welding, etc.) Specify: _____
- 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 *
- PRF entry/work only
- PRF and other needs
- Other: _____

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

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

If high or moderate, describe: _____

Potential hazards or special conditions encountered while wearing the respirator(s)

- Confined spaces
- BSL/ABSL 3 work
- Life-threatening conditions
- Exposure to specific chemical vapor hazards. List: _____
- Exposure to specific particulate inhalation hazard. List: _____
- Inhalation of radioisotopes. List: _____
- Inhalation of human pathogens. List: _____
- Other: _____