



ENVIRONMENTAL HEALTH & SAFETY

Respiratory Protection Acknowledgement Form

Information for the Supervisor and Employee

There are locations on the University of Colorado Denver | Anschutz Medical Campus (University) that require respiratory protection. To adhere to the OSHA Respiratory Protection Standard (29 CFR 1910.134), the University requires documentation of medical clearance, training, and fit testing for employees, contractors, and other individuals such as visitors, students, volunteers, and interns; the Occupational Health Clinic and Department of Environmental Health and Safety (EHS) can provide these services.

However, if an individual has been medically cleared, trained, and fit tested at a location other than our Occupational Health Clinic to a respirator adequate for the hazards they will encounter, this form must be completed prior to the individual entering facilities at the University where exposures may occur. If, at a later date, the employee is to perform work in an area with new and/or different hazard(s) than indicated on this form, a separate acknowledgment form must be completed. This acknowledgment form may not apply to short term visitors to the Perinatal Research Facility (PRF); please review the Perinatal Research Facility Short Term Visitor Disclosure form for further details.

Some of the hazards that may be encountered at the university include:

- Asbestos, Confined spaces, Biological exposures, Chemical vapors, Radioisotopes, Pathogens

Supervisor, Respiratory Protection Program (RPP) Administrator, or Responsible Official

Company Name, Name, Phone, Email, Signature, Date fields

Employee

Name, Job Title, Phone, Email, Signature, Date fields

Instructions for Employee

If there are changes to your health, medical status, or physical abilities (e.g., heart surgery, facial surgeries, glasses, weight gain/loss of > 10 lbs.) that may affect your ability to wear a respirator, contact your employer.

If you have questions or concerns about your potential exposure(s) on campus, please contact EHS at 303-724-0242 or at EHSRespirator.Fittest@ucdenver.edu

Scope of Work (to be completed by Employer and/or Employee)

The named employee above will be performing work as follows: Building, Scope of work (plumbing, electrical, replacing floor, painting, maintenance, etc.)



Name of Chemical, Physical, or Biological Exposure Agent of Concern: _____

Type of Respirator Employee Will Wear

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

Acknowledgement (to be completed by Supervisor, RPP Administrator, or Company Representative)

I _____ acknowledge that (please initial):
(print name here)

- _____ Our company follows and is in compliance with the OSHA Respiratory Protection Standard (29 CFR 1910.134), including components such as fit testing requirements, training, and a written plan
- _____ I am aware of the potential hazards the employee named above may encounter and have ensured selection of proper respiratory protection accordingly

Acknowledgement (to be completed by Employee)

I _____ acknowledge that (please initial):
(print name here)

- _____ I have been trained on the proper use, storage, maintenance, and disposal of my respirator
- _____ I have been medically cleared to wear a respirator
- _____ I have been fit tested and know the make, model, and size of the respirator that I will wear
- _____ I understand that fit testing is required annually and that each respirator I wear requires a fit test
- _____ I have been informed, know and understand the potential hazards that I may be exposed to at the University.

Declination of Respiratory Protection and Notice to Participants of Risk and Waiver of Responsibility

If the above named employer and employee decline to perform medical clearance, training, and/or fit testing through the University's Occupational Health Clinic, the Employer and Employee must complete the following.

Date of Current Fit Test (must be completed within the last year): _____

I _____, as an employee of _____
(Insert Name of Company) (Insert Name of Employee)

agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of participation in the designated activity. We also release, waive, indemnify, hold harmless, and discharge the Regents of the University of Colorado, a body corporate its officers, administrators, agents, employees and students from and against any and all claims, demands, damages and injuries in any way arising out of our activities, including use of equipment and facilities provided by the University and any emergency services that may be used for our benefit. Indemnification is not limited, and includes any liability or payment (including costs and attorney fees) by reason of any damages or bodily injury (including death) sustained by any person arising out of or in connection with this agreement.

Employee Name (sign and print) _____ Date _____

Employer Name (sign and print) _____ Date _____