

Respiratory Protection Plan

Supplemental Information to the Medical Evaluation Questionnaire

Employee Supervisor completes this form and includes in the envelope for the Medical Evaluation Questionnaire, to be submitted to the licensed health care professional.

Employee Name	
Employee Title	
Date	

Type of Respirator(s) to be used: Dust mask Half mask Full face piece
 Powered air-purifying respirator

Duration of use, maximum/day: hours

Frequency of use: Daily or
 Times/week Times/month

Expected workload: Light Medium Heavy

Are temperature or humidity extremes expected? Low temperature High temperature
 High humidity

Other PPE that may be required at the same time as respirator use:

Supervisor's Signature:

Monroe One BOCES Respiratory Protection Plan may be referenced online, on the Monroe One BOCES website, under the Notices & Procedures Directory, Health & Safety: Written Plans and Information, Respiratory Protection Plan.

OSHA's standard, 29 CFR 1910.134 may be referenced online:

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=12716&p_table=STANDARDS