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| **Respirator Issuance Form**  **Issued to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(PRINT)**  **Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(PRINT)** |

| **Respirator Number**  **Date, Signatures**  **(Fill in blanks)** | **Respirator Type**  **(Check applicable boxes)** | **Manufacturer and Model**  **(Check applicable boxes or write in)** | **Major Components (e.g., blower assembly) and Serial Numbers (if applicable) (List major components issued with respirator)** | **Employee Qualified for This Respirator?** |
| --- | --- | --- | --- | --- |
| **Respirator #**  **Issued on\_\_\_\_\_\_\_\_\_By:\_\_\_\_\_\_\_\_**  **Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Returned on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Primary Type (or use):**  **Negative-pressure APR**  **PAPR**  **SCBA**  **Airline**  **Facepiece Style:**  **half** **full**  **Size:**  **Small** **Med** **Large**  **\_\_\_** | **Manufacturer:**  **Scott**  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Model:**  **AV 2000** **AV 3000**  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Component Serial #** | **Medical evaluation**  **Yes** **No**  **Trained**  **Yes** **No**  **Fit tested**  **Yes** **No** |
| **Respirator #**  **Issued on\_\_\_\_\_\_\_\_By:\_\_\_\_\_\_\_\_\_**  **Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Returned on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Primary Type:**  **Negative-pressure APR**  **PAPR**  **SCBA**  **Airline**  **Facepiece Style:**  **half** **full**  **Size:**  **Small** **Med** **Large**  **\_\_\_** | **Manufacturer:**  **Scott**  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Model:**  **AV 2000** **AV 3000**  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Component Serial #** | **Medical evaluation**  **Yes** **No**  **Trained**  **Yes** **No**  **Fit tested**  **Yes** **No** |
| **Respirator #**  **Issued on\_\_\_\_\_\_\_\_By:\_\_\_\_\_\_\_\_\_**  **Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Returned on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Primary Type:**  **Negative-pressure APR**  **PAPR**  **SCBA**  **Airline**  **Facepiece Style:**  **half** **full**  **Size:**  **Small** **Med** **Large**  **\_\_\_** | **Manufacturer:**  **Scott**  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Model:**  **AV 2000** **AV 3000**  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Component Serial #** | **Medical evaluation**  **Yes** **No**  **Trained**  **Yes** **No**  **Fit tested**  **Yes** **No** |