Honeywell Safety Products

900 Douglas Pike, Smithfield, RI 02917 (800) 430-4110 - Fax (800) 572-6346

Honeywell

Respiratory Medical Evaluation Process

Registration Information

Company Name:							
Address:							
City:							
State:							
Zip:							
Distributor Name:							
Customer Approvals							
Thank you for selecting OSH This process provides a simp employee's ability to wear a	ole and effect respirator.	ive tool to help y	ou fulfill the	e employer's re	•		
 Please review the following This site was designed to sate Questionnaire. The certificath half mask air purifying or atte supplying respirators. Some 	tisfy OSHA red tion provided mosphere sup	quirements for 1 I by OSHA <i>med</i> Copplying respirato	.910.134, Ap Cert covers di ors and full fa	pendix C, OSH isposable resp acepiece air pu	irators with N, R, urifying or atmosp	or P ratings, here	
medical certification. It is th	• •		•	•	•		
to specific regulatory requir	ements and p	otential jurisdic	tional varian	ces.	-		
Agree	Yes:		No:				
2. If requested, I agree to p	rovide an ele	ctronic copy of	our written	respiratory pr	otection program	l•	
Agree	Yes:		No:				
3. Please review the follow	ng usage pro	files and indicat	te your respo	onse.			

Dust Masks and Half Masks

Usage Profile:	Standard occupational applications - Air Purifying or atmosphere supplying respirators
Possible Exposures:	Dust, particulate, mist, vapors and fumes
Respirator Type:	Air purifying disposable mask or half masks and atmosphere supplying half mask respirators
Use:	Personal protective equipment
Conditions:	Temperature may be higher than 77 F or lower than 50F; humidity may be high; potential for confined space entry and activity; may be used at elevations up to 7,500 ft.
Exertion Level:	Light to medium with periods of heavy physical exertion (lifting and carrying up to 50 lbs)
Additional PPE:	May include hard hats, safety glasses, steel toed footwear, hearing protectors, welding leathers and gloves
Work Performed:	Labor, grinding, welding, assembling, machining, painting, and other industrial tasks and equipment operation
Other Conditions:	Potential periods of low level lighting and poor visibility

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Agree Yes:		No:	
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Full Face Respirators

Usage Profile:	Standard general industry, construction and law enforcement occupational applications for air purifying or atmosphere supplying respirators				
Possible Exposures:	Dust, particulate, mist, vapors and fumes				
Respirator Type:	Full face piece air purifying or atmosphere supplying respirators				
Use:	Personal protective equipment				
Conditions:	Temperature may be higher than 77 F or lower than 50F; humidity may be high; potential for confined space entry and activity; may be used at elevations up to 7,500 ft.				
Exertion Level:	Primarily light to medium with periods of heavy physical exertion - May include short periods of running (law enforcement) as well as lifting and carrying up to 50 lbs.				
Additional PPE:	May include hard hats, safety glasses, steel toed footwear, hearing protectors, welding leathers, gloves, for general industry and construction. Law enforcement may include helmet, gloves, body armor, Level C personal protection suit, and boots or other specialized personal protective equipment				
Work Performed:	Labor, grinding, welding, assembling, machining, painting, and other industrial tasks and equipment operation. Law enforcement may include emergency response, search/rescue, crowd control, incident site security, terrorist attack response				
Other Conditions:	Potential periods of low level lighting and poor visibility				
Aį	gree Yes: No:				

Definitions:

Air Purifying Respirator: a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element. By definition this includes powered air purifying respirators (PAPRs).

Atmosphere Supplying Respirator: a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere, and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

Customer Approval:

Name:	
Title:	
Phone #:	
Email:	
Date:	