Certification of Voluntary Respirator Use Form

Employee certification:

I, ________________________________ (printed name) do hereby certify that I am voluntarily using a respirator to reduce my exposure to _________________________________ (give name or type of air contaminant). I have been given a copy of 29CFR1910.134 Appendix D regarding the proper respirator use and I have read and understand it.

Signed ______________________________________________ Date _________________

EHS certification:

I have determined that this voluntary use of a respirator will not create a hazard in the workplace and approve this voluntary usage of respiratory protection for this employee.

The respirator is a NIOSH-approved, filtering face-piece (dust mask) respirator and no further action is required.

Signed ______________________________________________ Date _________________

Printed Name ____________________________________ Title _________________________

Employer certification:

I approve this voluntary usage of respiratory protection for this employee.

Signed ______________________________________________ Date _________________

Printed Name ____________________________________ Title _________________________

Please return this form to EHS either by email (IUEHS@indiana.edu), or via campus mail to 1514 East 3rd Street, Bloomington, IN 47401.