



# FILTERING FACE PIECE APPROVAL FORM For Comfort Use Only

Supervisor: \_\_\_\_\_

This form is to be used for approval for use of a filtering facepiece respirator (dust mask) for **COMFORT ONLY**, not for protection against hazardous dusts, gases or vapors. The employee should be able to remove the respirator at any time without concern about adverse health effects from the material in use. Since this respirator is not used for protection against hazardous materials, medical approval is not needed. Employees who have a history of heart or respiratory problems, or feel they may have such problems, should not use any respirator without physician's approval.

Employee: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Respirator used for: \_\_\_\_\_

**This application describes use of a filtering facepiece for comfort purposes only. If you feel there is need for respiratory protection against hazardous materials in your work area, contact EH&S.** Please have only those employees who have been given approval to wear a filtering facepiece read the following statement and sign below.

The employee listed below has been approved by the Environmental Health & Safety Office for the use of a "comfort-only" respirator under the following conditions:

Filtering facepieces are **not** to be worn for protection against hazardous dusts, gases or vapors. Your supervisor is responsible for furnishing and overseeing the use of respirators. Filtering facepieces are for personal use, are not to be shared, and must be stored in a clean location such as a ziplock bag. It is recommended that respirators be discarded after eight hours of use or less. Manufacturer's instructions on use, maintenance and cleaning should be followed. The respirator selected must be NIOSH approved for particulates (dusts) and have two straps. A N-95 filtering facepiece is recommended as a minimum. A facepiece with an exhaust valve increases wearer comfort.

Employee's Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Please send a copy of this form to Environmental Health & Safety. The original form should be kept with your Laboratory Safety Plan or employee's personnel records.



## Employee Information

### Dust Mask Use - Comfort Use Only

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to be sure the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the national Institute for Occupational Safety and Health of the U. S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

I have read and understand the information provided above.

**Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please attach the original to the department copy of the Filtering Face Piece Approval Form