

**Elastomeric Respirator Use Policy****Employee Responsibilities**

You are being issued an elastomeric respirator for use as Personal Protective Equipment (PPE) for your safety working at UCDH. It is our policy to provide any required PPE you may need while performing work duties.

This elastomeric respirator is UCDH property and is issued to you for your use. Upon request by UCDH you may be asked to return the respirator and/or upon separation from the University return the respirator to your manager or supervisor.

Elastomeric respirators must be maintained in a safe, sanitary condition. Defective or damaged elastomeric respirators must not be used. You are expected to immediately report a damaged or lost elastomeric respirator to your manager or supervisor.

Employees must be fit tested annually in order to wear a tight-fitting elastomeric respirator. Re-training and fit testing are due on or before 12 months (1 year) from the date of last training and fit testing.

<b>Respirator Name and Type:</b>	<b>North 5400 Full Face</b>	<b>North 5500 Half Face</b>	<b>Other:</b>
<b>Size: (Circle)</b>	Small Medium/Large	Small Medium Large	Size:
<b>Date of Fit Test:</b>			

I have received instructions for filter changes for the elastomeric respirator.

☐Yes ☐No

I have received instruction on the donning, doffing and cleaning guidelines of the elastomeric respirator.

☐Yes ☐No

All documents are on the respiratory protection page located on the EH&S website. [https://intranet.ucdmc.ucdavis.edu/safety/os/resp\\_prot.shtml](https://intranet.ucdmc.ucdavis.edu/safety/os/resp_prot.shtml)

I have read the above Elastomeric Respirator Use Policy. By signing below, I acknowledge that I understand this policy and agree to adhere to its provisions.

\_\_\_\_\_  
**EMPLOYEE NAME**

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DEPARTMENT**

\_\_\_\_\_  
**MANAGER/SUPERVISOR SIGNATURE**