

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard  
**COAST GUARD RESPIRATOR CLEARANCE REQUEST FORM**

Date of Request	Name of Employee with Middle Initial	Unit
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Supervisor's Name:	Supervisor's Signature:
Supervisor's Phone Number:	

**Respirator Clearance(s) Requested by Supervisor (*check all that apply*)**

N, R, or P disposable respirator (*filtering facepiece, non-cartridge type only*)  
 Cartridge-type respirator (*filter-mask with cartridges, half and full-faced*) (*negative pressure*)  
 Powered Air Purifying Respirator, half and full-faced, powered cartridge-type (*PAPR*)  
 Supplied Air Respirator (*airline*)  
 Self Contained Breathing Apparatus (*SCBA*)

**Expected Frequency of Use:**

Daily   
  Monthly   
  Weekly   
  Yearly   
  Emergency Use Only

**Expected Duration of Use:**

<30 minutes per work day   
  30-60 minutes per work day   
  1-4 hours per work day   
  4-8 or more hours per work day  
 Other: \_\_\_\_\_

**Other Personal Protective Equipment to be Used while Wearing Respirator (*check all that apply*):**

Safety Glasses  
 Fully encapsulated suite  
 Barrier clothing (*Tyvek suit, coveralls*)  
 Other: \_\_\_\_\_

**Job Functions While Employee will be Wearing Respirator (*check all that apply*):**

Light physical activity - Examples are sitting or standing.  
 Moderate physical activity - Examples are standing while drilling; transferring a moderate load (35 lbs) at trunk level; walking 2 mph on a level surface; pushing a wheelbarrow with a heavy load (100 lbs) on a level surface.  
 Heavy physical activity - Examples are lifting a heavy load (50 lbs) from floor to the waist or shoulder; shoveling; walking 2 mph up an 8-degree grade; climbing stairs with a heavy load.  
 Solitary/Isolated duty  
 Unusual environmental conditions - Excessive heat, cold, humidity, high altitude  
 Immediately Dangerous to Life or Health (IDLH) Exposures

**A completed form is to be provided to health care provider at time of Respirator User evaluation**

**Privacy Act Statement**

The collection and use of this information is authorized by 5 U.S.C. 7901, 5 U.S.C. 339, 5 U.S.C. 301, 10 U.S.C. §1074, 14 U.S.C. § 93 (a) (17), 29 C.F.R. § 1630.14, and Executive order 12196. The information will become part of the official Employee Medical File, and will be used to assist the Coast Guard in carrying out its occupational health services responsibilities and for other official purposes and routine uses as described in Privacy Act systems notice OPM/GOVT-10. Mandatory for Military Personnel. Providing the requested information is voluntary for civilian employees. Not providing the information may affect the availability and quality of the health services rendered to the employee and may also affect the completeness of information used in making determinations of medically-related employment decisions.