UNIVERSITY OF PITTSBURGH
VOLUNTARY RESPIRATOR USER REGISTRATION

EMPLOYEE NAME (PRINT)______________________________________________
Pitt ID #   2P _______________________________________________________

JOB FUNCTION/TITLE ________________________________________________

DEPARTMENT________________________________________________________________________

BUILDING ___________________ WORK PHONE NO. _________________________

E-MAIL ADDRESS _______________________________________________________

RESPIRATOR USED: MANUFACTURER________________________________________
TYPE _______________________________________________________________
SIZE _______________________________________________________________
FREQUENCY OF USE _________________________________________________

AIR CONTAMINANT(S) EXPOSED TO OR REASON FOR USE:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

HAVE YOU BEEN TRAINED OR FIT-TESTED FOR THIS RESPIRATOR? YES__NO__

DID YOU COMPLETE AND SUBMIT YOUR MEDICAL EVALUATION FORM? YES___
NO____

Completed forms or questions should be sent by fax, e-mail or campus mail to:

Department of Environmental Health and Safety
Public Safety Building, Floor 4
3412 Forbes Avenue
Pittsburgh, PA. 15260
Phone: 412-624-9505
Fax: 412-624-8524
E-Mail: safety@ehs.pitt.edu