



## Respirator Medical Evaluation Process Registration Information

*Please submit COMPLETED form with order.*

Company: \_\_\_\_\_

Distributor: FOAMPAK INC. 427 HIGH HILL ROAD, WOOLWICH NJ 08085

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

City, State, Zip Code: \_\_\_\_\_

### Customer Approvals

Thank you for selecting OSHAmecert to perform the medical evaluations for your employees covered by OSHA 1910.134(e). This process provides a simple and effective tool to help you fulfill the employer's responsibility for determining an employee's ability to wear a respirator.

1. Please review the following statement and indicate your response.

This site was designed to satisfy OSHA requirements for 1910.134, Appendix C, OSHA Respirator Medical Evaluation Questionnaire. The certification provided by OSHAmecert covers disposable respirators (N, R or P filter masks), half masks with canisters and full-facepiece respirators. Some Approved State Plans and local jurisdictions may have additional requirements for medical certification. It is the responsibility of the employer to determine applicability of this site's process relative to specific regulatory requirements and potential jurisdictional variances.

Agree – Y\_\_\_ N\_\_\_

2. If requested, I agree to provide an electronic copy of our written respiratory protection program.

Agree – Y\_\_\_ N\_\_\_

3. Please review the following usage profiles and indicate your response.

### Dust Masks and Half Masks

Usage profile	Standard occupational applications – Air Purifying Respirators
Possible exposures	Dust, particulate, mist, vapors and fumes
Respirator type	Disposable masks and half masks with cartridges
Use	Personal protective equipment
Conditions	Temperature may be higher than 77F or lower than 50F; humidity may be high; potential for confined space entry and activity; may be used at elevations up to 7,500 ft.
Exertion level	Light to medium with periods of heavy physical exertion (lifting and carrying up to 50 lbs)
Additional PPE	May include hard hats, safety eyewear, steel toed footwear, hearing protectors, welding leathers and gloves
Work performed	Labor, grinding, welding, assembling, machining, painting and other industrial tasks and equipment operation
Other conditions	Potential periods of low level lighting and poor visibility

Agree – Y\_\_\_ N\_\_\_ N/A\_\_\_

## Full-Facepiece Respirators

<b>Usage profile</b>	Standard general industry, construction and law enforcement occupational applications for Air Purifying Respirators
<b>Possible exposures</b>	Dust, particulate, mist, vapors and fumes
<b>Respirator type</b>	Full face piece with cartridges/canisters
<b>Use</b>	Personal protective equipment
<b>Conditions</b>	Temperature may be greater than 77°F or less than 50°F; humidity may be high; potential for confined space entry and activity; and may be used at elevations up to 7,500 ft.
<b>Exertion level</b>	Primarily light to medium with periods of heavy physical exertion – may include short periods of running (law enforcement) as well as lifting and carrying up to 50 lbs.
<b>Additional equipment</b>	May include hard hats, safety eyewear, steel toed footwear, hearing protectors, welding leathers, gloves for general industry and construction. Law enforcement may include helmet, gloves, body armor, Level C personal protection suit, and boots or other specialized personal protective equipment.
<b>Work performed</b>	Labor, grinding, welding, assembling, machining, painting and other industrial tasks and equipment operation. Law enforcement may include emergency response, search/rescue, crowd control, incident site security, terrorist attack response.
<b>Other conditions</b>	Potential periods of low level lighting and poor visibility.

Agree – Y\_\_\_ N\_\_\_ N/A\_\_\_

### Customer Approval:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone#: \_\_\_\_\_ Date: \_\_\_\_\_

**Please indicate the number of people that you will be testing. This will be the number of Medcerts you are purchasing.**

**Quantity** \_\_\_\_\_

**Mail or Fax this Form to  
foampak Inc. 427 High Hill Road, Woolwich Township NJ 08085**

**Fax # 856-467-8025**

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