

**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