

Respiratory Protection Program Exit Form

This Form is designed to accomplish the following: (1) Document employee's discontinued participation in the FM-OHS Respiratory Protection Program, and (2) Document that the employee has been informed of potential restrictions of job duties due to removal from the FM-OHS Respiratory Protection Program. **The following information should be filled out by both the employee and their supervisor, then returned to FM-OHS for recordkeeping.**

Employee Name: _____
Last First

Computing ID: _____ Age: _____

FM Department: _____ Shop #: _____

Reason for Removal from Respiratory Protection Program: _____

By signing below, both the employee and supervisor understand and acknowledge that the listed employee may no longer use respiratory protection above an N-95 rated dust mask in the workplace as part of the Voluntary Use Agreement (i.e. elastomeric respirators, loose-fitting hoods). If the employee is required to use respiratory protection at a later date, FM-OHS must be contacted to re-enroll the employee into the Respiratory Protection Program.

Employee Name (Print) Employee Signature Date

Supervisor Name (Print) Supervisor Signature Date