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: ____________________________

FM Cost center: ____________________________   Shop #: ____________________________

Reason for Removal from Respiratory Protection Program:

☐ I returned my respirator to my supervisor.

By signing below, both the employee and supervisor understand and acknowledge that the listed employee may no longer use respiratory protection above a NIOSH approved filtering facepiece respirator 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