

Bainbridge Island Metropolitan Park & Recreation District

**WORK SITE INFORMATION FOR MEDICAL EVALUATIONS
(Respirator Safety Program)**

This form will be used as follows to provide information needed to certify an employee for respirator use:

- Program Administrator will complete form with input from Dept. Supervisor and turn into Human Resource Manager.
- Human Resource Manager will arrange for medical evaluation to be done with qualified medical provider (L&I approved) and will provide copy of this form to medical provider.

General Work Site Information:

Name Employee: _____

Job Title: _____ Department: _____

Name Program Administrator: _____ Phone: _____

1 Will the employee be wearing protective clothing and/or equipment when using respirator?

___Yes ___No If yes, please describe protective clothing and/or equipment.

2. Will employee be working under hot conditions (temperatures exceeding 77-degree F)?

___Yes ___No If yes, please describe the nature of work and duration.

3. Will employee be working under humid conditions? ___Yes ___No

4. Describe any special or hazardous conditions employee may encounter when using respirator (i.e. confined spaces, life-threatening gases).

5. Check all applicable boxes in chart on next page that provide information about the specific respirator the employee will use.

Note to Medical Provider:

Upon completion of exam, please return medical evaluation results to:

Human Resource Manager
Bainbridge Island Metropolitan Park & Recreation District
7666 NE High School Road
Bainbridge Island, WA 98110

Information on specific respirator that will be used:

Make: _____ Model: _____ Weight: _____

<u>Check Applicable Boxes</u>	<u>Respirator Type</u>	<u>Half or Full Face, Helmet or Hood</u>	<u>Frequency of Use</u> (Hours/day, week or month)	<u>Work Effort *</u> (Light, Moderate or Heavy)	<u>Respirator Weight</u>
	Disposable face piece Particulate filter (N, R or P series)	Half face			n/a
	Mask w/ replaceable filter or cartridge				n/a
	Mask w/ canister				
	Powered air- purifying respirator (PAPR)				
	Air line: continuous flow				
	Air line: negative pressure demand				
	Air line: Positive demand				
	SCBA: Negative pressure demand	Full face			
	SCBA: Positive pressure demand	Full face			

***Work Effort Descriptions**

Light Work Effort: Sitting while writing, typing, drafting or performing light assembly work; standing while operating a drill press (1-3 lbs.) or controlling machines.

Moderate Work Effort: Sitting while nailing or filing, driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph, pulsing a wheelbarrow with a heavy load (100 lbs.) on a level surface.

Heavy Work Effort: Lifting a heavy load (about 50 lbs.) from the floor to waist or shoulder height, working on a loading dock, shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph, climbing stairs with a heavy load (50 lbs.).

For use by medical provider:

I have examined the above employee (name) _____ and certify that he/she ___is ___is not qualified for respirator use in accordance with the conditions outlined above.

Notes: _____

Name of medical provider: _____ Phone: _____

Signature: _____ Date: _____