



# University of Pittsburgh

## UNIVERSITY OF PITTSBURGH VOLUNTARY RESPIRATOR USER REGISTRATION

EMPLOYEE NAME (PRINT) \_\_\_\_\_

UNIVERSITY IDENTIFICATION NUMBER: 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IS WORK PERFORMED IN CHEMICAL FUME HOOD? YES \_\_\_ NO \_\_\_

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 -4<sup>th</sup> Floor  
3412 Forbes Avenue  
Pittsburgh, PA. 15260  
FAX: 412-624-8524  
E-Mail: fpokrywka@ehs.pitt.edu

Thanks for your cooperation in helping us better protect and serve our University employees.