

Acknowledgement for Voluntary Use of University or Self-Provided  
Respirators  
(Appendix D to Title 8 Section 5144)

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may elect to wear a respirator to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If the University provides respirators for your voluntary use, or you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and follow all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator, or allow someone else to use yours.

If you wish to voluntarily use a University or self-provided respirator; please fill out your name, sign & date below; and return a copy of this form to EH&S at M/S PO 140.

Name \_\_\_\_\_ Signed \_\_\_\_\_  
(print)

Department \_\_\_\_\_ Telephone # \_\_\_\_\_

Date \_\_\_\_\_

*Note: Voluntary users of respirators are encouraged to confirm they are medically fit for respirator use by reviewing the proposed use and conditions with a personal health care provider; utilizing the additional forms provided.*