

# Alfred University

## **Respiratory Protection Program**

It is the policy of Alfred University that all students will be protected from exposure to airborne contamination by installing or implementing feasible engineering or administrative controls. If these controls do not prove feasible, or while they are being installed/instituted, appropriate respiratory protection will be provided.

### **Purpose**

Alfred University has determined that certain students may be exposed to respiratory hazards during routine academic operations. These hazards include, chemical vapors, silica and other particulates. The purpose of this program is to ensure that all Alfred University students are protected from exposure to these respiratory hazards. Engineering controls, such as ventilation and substitution of less toxic materials, are the first line of defense at Alfred University; however, engineering controls are not always feasible for some operations or do not completely control the identified hazards. In these situations, respirators and other protective equipment must be used.

### **Scope and Application**

This program applies to all students with potential exposure to airborne contaminants that exceed or potentially exceed permissible exposure limits which are required to wear respirators during normal work operations. All aforementioned students must be enrolled in the Alfred University Respiratory Protection Program.

### **Completion and Submission**

The following form must be completed by your health care provider and submitted to Environmental, Health and Safety (EHS). The form can be mailed to the EHS office at:

**Alfred University  
Attn.: EH&S  
1 Saxon Drive  
117 Myers Hall  
Alfred, NY 14895**

You may also e-mail the form to [envhealthsafety@alfred.edu](mailto:envhealthsafety@alfred.edu).

# Alfred University

## Respirator Clearance Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Banner ID # A00 \_ \_ \_ \_ \_

After conducting a physical evaluation on the above named individual including:

- A review of his/her past medical history.
- Pulmonary function testing
- Chest X-Ray

I have determined that he/she is physically and medically qualified to wear respirator protection in accordance with OSHA 1910.134 as described below:

Found fit to use the following respirators:

- Filter Respirator (Dust Mask)
- Cartridge Respirator
- Powered Air-Purifying Respirator (PAPR)
- Supplied Air Respirator
- Self-Contained Breathing Apparatus (SCBA)
- Found Unfit to Wear a Respirator

### Limitations on Respirator Use:

- None
- Corrective Lenses
- Facial Hair
- Other: \_\_\_\_\_

I have provided the student with a written recommendation regarding the student's ability to use a respirator.

Provider Signature: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Address/Phone #: \_\_\_\_\_

Date: \_\_\_\_\_