

WORKSITE – SPECIFIC RESPIRATORY PROTECTION PLAN

Division/Center _____ CWC/Shop _____ Date _____

A. Task description:

B. Atmospheric hazards (from IH Survey):

C. Controls installed to reduce exposure:

D. Required Respiratory Protection:

Type	Type of Filter	Maximum Use Concentration	Filter Change Schedule	Limitations/Remarks

E. Employee Information:

Name	Date of Med. Exam	Date of Training	Date of Fit Test

F. Emergency Information:

Signs/Symptoms of overexposure: _____

Evacuation procedures: _____

First-Aid procedures: _____

Supervisor Name: _____ Supervisors Signature: _____

RPT Name: _____ RPT Signature: _____