



Respiratory Protection Program

RESPIRATOR REQUEST FORM

Employee

Student

Name: _____ Date: ____/____/____

CCU ID #: _____ E-mail: _____

Position: _____ Department: _____

Class: _____

Instructor/Supervisor: _____

Please check the appropriate reason as to why a respirator is needed:

Marine Science Necropsy Required by position/department Welding Voluntary

Other: _____

Conditions which could affect respirator fit: (Check all that apply.)

Clean Shaven

Facial Scar

1 – 2 day beard growth

Dentures Absent

2 + days beard growth

Glasses

Moustache

None

Comments: _____

Signature: _____ Date: ____/____/____

Instructor/Supervisor Signature: _____ Date: ____/____/____

Please complete this form and return to CHO@coastal.edu.

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843-349-2770