

**PURDUE UNIVERSITY
RESPIRATORY PROTECTION PROGRAM**

PARTICIPATION APPLICATION

(Please Print)

Please complete the unshaded portions and return to **Respiratory Protection/REM/HAMP** via campus mail.

Employee Information

Name: _____ Purdue ID: _____
 Email Address: _____ Campus Telephone: _____
 Job Title: _____ Department: _____
 PI, Supervisor, Professor, or Project Manager: _____
(First and Last Names)

Respirator use

Duration of Respirator Use: _____

Details of Task, Project, Etc. Related to Respirator Use:

Do you have direct exposure to animals, animal tissues, or biological agents? Yes No

Does the SOP or Hazard Assessment require respiratory protection? Yes No

REM Use Only

PAPR Type: Tight Fitting Hood
 Manufacturer: _____ Model: _____ Style: _____ Size: _____

Negative Pressure/SCBA Fit Test: Qualitative Quantitative
 Manufacturer: _____ Model: _____ Style: _____ Size: _____

Filtering Facepiece Fit Test: Qualitative Quantitative
 Manufacturer: _____ Model: _____ Style: _____ Size: _____

Employee Signature

Date

Trainer Signature

Date