

McLaren Print System Order

Order No: 8350 Reprint Previous Order No: 8349
 Order Date: 2015-01-21
 User: Tuwanda Davis
 Phone: 810-342-2488

Ship Location: Employee Health Services 1north building
 401 S. Ballenger Hwy.
 Flint, MI 48532

Forms

Quantity: 1000
 Paragon Dept No: 93500
 Dept Name: Employee Health Services
 Company Number: 60

Order Total Price: 176.00

Item Number: M-70
 Item Description: Particulate Respirator Issuance and Training Appendix B
 Revision Date: 1/2015
 Print: 1 sided black and white
 Paper: 3 Part (White, Yellow, Pink)
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

McLaren Flint EHS
 Flint, Michigan
 Particulate Respirator Issuance and Training - Appendix B

Employee Name (Please Print): _____
 Birth Date: ____/____/____ Department Name: _____
 Job Title: _____

If "yes" marked in questions 1 through 7, it indicates the testing and other employee to apply on health for follow up.

Have you worn last respirator fit tested? Yes No
 Have you had an occupational/path or loss of fit or wear period? Yes No
 If you have a beard or mustache, do you have or have you changed the style? Yes No
 Have you had dentition changes (i.e. dent teeth, new dentures, new dentures, new braces, etc)? Yes No
 Do you have any new health problems? Yes No
 Do you have any other problems that interfere with the use of a respirator? Yes No
 If you used the respirator since you were fit tested, did you experience any eye irritation? Yes No
 Did you experience any changes in skin condition? Yes No
 Did you experience any unexpected anxiety? Yes No
 Would you like to talk to a safety nurse about your answer? Yes No
 Do you feel the respirator fit testing program is effective? Yes No
 If no please explain:

Respirator: 3M Health Care Particulate Respirator Type N95
 NIOSH Approval Number: TC-84A-0006

Medical Evaluation: Pass Fail
 Lenses/Contacts: None Contact Glasses None
 Fitting: Satisfactory Either
 Satisfactory Invertment Test
 Satisfactory Positive Pressure Test
 Satisfactory Negative Pressure Test

Respiratory Mask Size: Regular Small 1870 mask
 Paper Mask Size: Regular Large

Employee Signature: _____ Date: ____/____/____
 Evaluator Signature: _____ Date: ____/____/____