

McLaren Print System Order

Order No: 8351 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.
1. Have you worn last respirator fit tested? Yes No
2. Have you had an unexplained pain or loss of fit or even pressure? Yes No
3. If you have a beard or mustache, do you have or have you changed the style? Yes No
4. Have you had dentures changed (i.e. full teeth, new dentures, new dentures, new braces, etc)? Yes No
5. Do you have any new health problems? Yes No
6. Do you have any other problems that interfere with the use of a respirator? Yes No
7. If you used the respirator since you were fit tested, did you experience any eye irritation? Yes No
8. Did you experience any change in skin condition? Yes No
9. Did you experience any unexpected anxiety? Yes No
10. Would you like to talk to a safety nurse about your answer? Yes No
11. 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: None Contact Glasses None
Fitting: Satisfactory Either
 Satisfactory Invertinal Test
 Satisfactory Positive Pressure Test
 Satisfactory Negative Pressure Test
Respiratory Mask Size: Regular Small 1870 mask
Paper Mask Size: Regular Large
Employee Signature: Date: / /
Evaluative Signature: Date: / /