



**Respiratory Protection Program**  
**Appendix C – Voluntary Use Forms**

**Before wearing any respiratory protection, even voluntarily, please contact EHS at [ehsinfo@uoregon.edu](mailto:ehsinfo@uoregon.edu) or 541-346-3192. EHS will guide you through the regulatory requirements for respirator use.**



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**Form for Voluntary Respirator Use - Elastomeric Respirator**

Some University of Oregon employees may choose to use an elastomeric respirator, also known as a cartridge respirator, on a voluntary basis. In accordance with the University of Oregon Respiratory Protection Program, supervisor approval is required for the voluntary use of a respirator. A requirement of Occupational Safety and Health Administration (OSHA) is to ensure that employees are medically fit when using an elastomeric respirator; as such, please provide an index below to cover the cost of reviewing the medical questionnaire at University Health Services. In addition, the OSHA regulation, requires that you be provided the following information if you wear an elastomeric respirator voluntarily. The following information is copied from the OSHA Respiratory Protection Standard and pertains to the voluntary use of respirators. After reading the information below, please complete the section at the end of this form.

**Appendix D to §1910.134 – (Mandatory) Information for employees using respirators when not required under the standard**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else’s respirator.

The elastomeric respirator you have elected to use is approved, when fitted properly, for use against the specific hazard described on the cartridge. It will NOT provide protection from any substances not listed on the cartridge, nor from environments that are deficient in oxygen. Work that involves airborne asbestos fibers, silica dust, or lead dust must be reviewed by EHS as this work **may not be done under the voluntary use program**. Please contact EHS with any respiratory protection question or for assistance in determining which respiratory protection program (voluntary/required) is required for your specific circumstance. If you have questions concerning any of this information, please call EHS at 541-346-3192 or email at [ehsinfo@uoregon.edu](mailto:ehsinfo@uoregon.edu).

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Please complete the section below and email the completed form to [ehsinfo@uoregon.edu](mailto:ehsinfo@uoregon.edu). By signing this form, you acknowledge that you have read and understood the information provided above.

Name (print): \_\_\_\_\_ Supervisor (print): \_\_\_\_\_

Name (signature): \_\_\_\_\_ Supervisor (signature): \_\_\_\_\_

Date signed (employee): \_\_\_\_\_ Date signed (supervisor): \_\_\_\_\_

Department: \_\_\_\_\_ Location of use: \_\_\_\_\_ Index: \_\_\_\_\_

Reason for using an elastomeric respirator (describe nature of work, specific location, and hazard of concern): \_\_\_\_\_



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**Form for Voluntary Respirator Use – Filtering Facepiece Respirator**

Some University of Oregon employees may choose to use a filtering facepiece respirator (N95, N99, N100, R95, P95, P99, or P100) on a voluntary basis. In accordance with the University of Oregon Respiratory Protection Program, supervisor approval is required for the voluntary use of a respirator. In addition, the Occupational Safety and Health Administration (OSHA) regulations, requires that you be provided the following information if you wear a filtering facepiece respirator voluntarily. The following information is copied from the OSHA Respiratory Protection Standard and pertains to the voluntary use of respirators. After reading the information below, please complete the section at the end of this form.

**Appendix D to §1910.134 – (Mandatory) Information for employees using respirators when not required under the standard**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else’s respirator.

The filtering facepiece respirator you have elected to use is approved, when fitted properly, for use against nuisance non-hazardous particulate (i.e. fiberglass, sheet rock dust, sawdust, dirt, pollen, animal dander and/or respiratory illnesses). It will NOT provide protection from any chemical vapors such as those associated with spray paints or solvents, nor from environments that are deficient in oxygen. Work that involves airborne asbestos fibers, silica dust, or lead dust must be reviewed by EHS as this work **may not be done under the voluntary use program**. Please contact EHS with any respiratory protection question or for assistance in determining which respiratory protection program (voluntary/required) is required for your specific circumstance. If you have questions concerning any of this information, please call EHS at 541-346-3192 or email at [ehsinfo@uoregon.edu](mailto:ehsinfo@uoregon.edu).

Please complete the section below and email the completed form to [ehsinfo@uoregon.edu](mailto:ehsinfo@uoregon.edu). By signing this form, you acknowledge that you have read and understood the information provided above.

Name (print): \_\_\_\_\_ Supervisor (print): \_\_\_\_\_

Name (signature): \_\_\_\_\_ Supervisor (signature): \_\_\_\_\_

Date signed (employee): \_\_\_\_\_ Date signed (supervisor): \_\_\_\_\_

Department: \_\_\_\_\_ Location of use: \_\_\_\_\_

Reason for using a filtering facepiece respirator (describe nature of work, specific location, and hazard of concern): \_\_\_\_\_